

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 032 ***150.00

DOCUMENT # P04000052227

1. Entity Name

EBROKERS INTERNATIONAL, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 Southwest 3rd Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

57-1204255

Applied For

Not Applicable

Zip

33129

Country

United States

Zip

Country

United States

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034B (8/05)

40079343

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Sergio P. Luis y Prado

Street Address (P.O. Box Number is Not Acceptable)

3000 southwest 3rd Avenue Suite # 904

City

Miami

FL

Zip Code

33129

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

[Signature]

Sergio P. Luis y Prado

4/25/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD Sergio P. Luis y Prado
3000 Southwest 3rd Ave. Suite 904
Miami, Florida 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ELENA H. ROSSINI
3000 Southwest 3rd Avenue, Suite 904
Miami - Florida 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

Sergio P. Luis y Prado 4/25/06 (305)857-9372