## 2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## Apr 11, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000053653 04-11-2005 90153 045 \*\*\*158.75 1. Entity Name TRG - 500 BRICKELL TWO, INC. Principal Place of Business Mailing Address and and a service products 2828 CORAL WAY PH STE 2828 CORAL WAY PH STE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PH STE MIAMI, FL 33145 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME PEREZ, JORGE M NAME STREET ADORESS 2828 CORAL WAY PHISTE STREET ADDRESS CHTY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE ROCHA, ROBERTO NAME 2828 CORAL WAY - PH1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1AM1 FL 33145 ☐ Change Addition Delete TITLE CARLOS NAME NAME 2828 CORALLWAY -PHI STREET ADDRESS STREET ADDRESS 14M1 FL 33145 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 28 CORK CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of the receiver or trustee empowered to execute this report a process by Chanter 607. Florida changed, or on an attachment with an address, with all other like empowered ANGEL HERNANDE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

Delete

SIGNATURE: SIGNATURE AND TYPED OF