2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005
Secretary of State

DOCUMENT# P04000062814

Entity Name: CLINIQUE INFORMATION SERVICES, INC.

Current Principal Place of Business:

100 SE 2ND STREET
17TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

42207 FISHER ISLAND DRIVE
MIAMI, FL 33109

Current Mailing Address:

100 SE 2ND STREET
17TH FLOOR
MIAMI, FL 33131

New Mailing Address:

42207 FISHER ISLAND DRIVE
MIAMI, FL 33109

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUBIT, DONALD
100 SE 2ND STREET
17TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

KUBIT, DONALD
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 US

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.

SIGNATURE: _____ 08/22/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition
Name: MATTLI, ARMIN MR.
Address: 7982 FISHER ISLAND DRIVE
City-St-Zip: MIAMI, FL 33109

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMIN MATTLI MR. 08/22/2005
Electronic Signature of Signing Officer or Director — Date