## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104640

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 11, 2005 8:00 am Secretary of State 05-11-2005 90122 019 \*\*\*150.00

1. Entity Nam-	е	NT CORP.		•			03 <b>11 2</b> 000	90122		
Principal Place	e of Busines	5	Mailing Address			7				
444 BRICKELL AVENUE			444 BRICKELL AVENUE						E00=	<b>* A</b> A m = .
SUITE 900 Miami, FL 33131 US			SUITE 900 MIAMI, FL 33131 US						5005	1437
MEMMI, FE 33131 03			mirani, 12 33131 - 03							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05032005	Chg-P	CR2E0	34 (10/03)	
City & State			Cily & State			4. FEI Numb	er 144797			oplied For ot Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New F	legistered A	gent	
					Name					
SOCOLSK 444 BRICK SUITE 900	KELL AVE				Street Address	s (P.O. Box Numb	er is Not Acceptable	e)		
MIAMI, FL										
					City			FL	Žip Cod	е
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 reinstating)  DATE										
	Signature, typeci	or printed harris or regulatered again to	in the apprensie.	z. registare	22 rigen agricus i oqui					
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign F Trust Fund Contribut						5.00 May Be dded to Fees	In accordance v corporation did			
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
TITLE	D		☐ Delete	TITL	E				☐ Change	Addition
NAME		KY, SERGIO G		NAM						
STREET ADDRESS City - St-Zip	MIAMI, FI	KELL AVE, SUITE 900		4	EET ADDRESS '-ST-ZIP					
TITLE	IVII/AIVII, CL	_ 33131	☐ Delete	TITLE				·	☐ Change	Addition
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NAME CIDECT ADDRESS				NAM STRE	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					r-ST-ZIP					
	nertify that th	e information supplied with	this filing does not qualify fo		1	Section 119.07(3)	(i), Florida Statutes.	I further cert	ify that the i	nformation
indicated of the cor changed,	on this reportion or to or on an att	nt or supplemental report is the receiver or trustee emp achment with an address w	this filing does not qualify for true and accurate and that it wered to execute his report with also the like an powered	my signa t as requi l.	lure shall have th ired by Chapter 6	e same legal effe 507, Florida Statut	ot as if made under es; and that my nam	oath; that I a e appears in	m an officer Block 10 o	or director r Block 11 if