## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

## FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # P04000115146  1. Entity Name UNIT M-5 TERRA CORP.						)4-26-2005 90 , ,	0136 001	***150.0	00
Principal Plac	e of Business	Mailing Address			1	,			
901 PONCE DE LEON BLVD CORAL GABLES, FL 33134		901 PONCE DE LEON BLVD CORAL GABLES, FL 33134			1 (8 12 10 10 11 11 11	 Din 2001 San 46in San	II II <b>21</b> Khet Bhi	ì 11811 21818 <b>2</b> 11	14 <b>9</b> 1 II 1 <b>88</b> 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FELAUT PO	LEOTO	2		plied For it Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	f Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	ent	
AL DODAYO	N7 NAME I NAME I ECO	Name							
901 PONC	DZ, WILLIAM H ESQ BE DE LEON BLYD ABLES, FL 33134	Street Address (P.O. Box Number is Not Acceptable)							
,	<u> </u>			Į					ļ
r.				City	FL 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 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									
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.					ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTORS	S IN 11
TITLE	D . W	☐ Delete	TITL	E T	-		_	Change	Addition
NAME	AULAR, ROSA M		NAM	I					
STREET ADDRESS CITY-ST-ZIP	901 PONCE DE LEON BLVD			ET ADDRESS -St-Zip					
Title	CORAL GABLES, FL 33134	☐ Delete	TITL					Change	☐ Addition
NAME			NAM	Į.					ĺ
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	דודני	E .				Change	☐ Addition
NAME			NAM	- 1					ļ
STREET ADDRESS City-St-Zip				ET ADORESS - ST-ZIP					
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NAME		<del></del>	NAM	iE				_ ,	_
STREET ADORESS	}		1	ET ADORESS					ł
CITY-ST-ZIP	<del> </del>	<del></del>		-ST-ZIP			<del></del>		
TITLE NAME	l	☐ Delete	TITL NAM	i				☐ Change	Addition
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP	_		CITY	-ST-ZIP					
TITLE		☐ Delete	īML				-	Change	☐ Addition
NAME CIDECT ADDOCCC			NAM						ĺ
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - S1-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes. I	further certif	y that the in	nformation
indicated on this report or supplemental report is true and eccurate 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.									