

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109765

FILED  
Jun 30, 2007  
Secretary of State

Entity Name: ALTAMIRA MANAGEMENT, INC.

**Current Principal Place of Business:**

2829 INDIAN CREEK DRIVE, SUITE 710  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5825 SW 100TH ST  
PINECREST, FL 33156 US

**New Mailing Address:**

6337 SW 69 TH ST  
PINECREST, FL 33156 US

FEI Number: 06-1753968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JIMENEZ, ROBERTO P  
6337 SW 69 STREET  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JIMENEZ, ROBERTO P  
Address: 2829 INDIAN CREEK DRIVE, SUITE 710  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERTO JIMENEZ

PRES

06/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date