2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90019 025 ***150.00

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1. Entity Name
700 CURTISWOOD, INC.

Principal Place of Business	Mailing Address
1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131	1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131

02052008 Chg-P CR2E034 (12/00)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-3642546 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO, ALVARO B 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) 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] 2-6-08
Typed or printed name of registered agent and title if agent is a corporate agent (Must be typed or printed) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLO, ALVARO B 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131

☐ Delete

11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS (A-D)

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Santiago Espot 1390 Brickell Avenue, Suite 200 Miami, FL 33131

☐ Change ☒ Add

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

SIGNATURE: [signature] Santiago Espot 2-6-08 (305) 371-5586
SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR Date Daytime Phone #