

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC -8 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000125528 1. Entity Name TERRA INTERNATIONAL GROUP CORP					
Principal Place of Business 901 BRICKELL KEY BLVD - # 3308 MIAMI, FL 33131			Mailing Address 901 BRICKELL KEY BLVD - # 3308 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 801 BRICKELL KEY BLVD		3. Mailing Address 801 BRICKELL KEY BLVD		 12052008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. # 502		Suite, Apt. #, etc. # 502			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Zip 33131			
Country DADE		Country DADE		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANTIESTEBAN, YARA 901 BRICKELL KEY BLVD - # 3308 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name SANTIESTEBAN, YARA Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL KEY BLVD # 502 City MIAMI	
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.				Zip Code FL 33131	
SIGNATURE: <u><i>Yara Santiesteban</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE 12/05/2008 (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUARDIOLA, RICARDO 901 BRICKELL KEY BLVD - # 3308 MIAMI, FL 33131	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YARA SANTIESTEBAN 801 BRICKELL KEY BLVD - # 502 MIAMI, FL 33131	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000138696800 12/08/08--01065--010 **61.25	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Yara Santiesteban</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 12/05/2008	
DAYTIME PHONE # (305) 267-9207				12/19	