

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006611

FILED  
Feb 01, 2010  
Secretary of State

Entity Name: 1201 TRUMP TOWER ONE, INC.

**Current Principal Place of Business:**

881 OCEAN DR  
8F  
KEY BISCAVNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 26-1776597      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GIRALDO, VICTORIA  
Address: 881 OCEAN DR APT 8F  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: SD  
Name: GIRALDO, SONIA  
Address: 881 OCEAN DR APT 8F  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: TD  
Name: GIRALDO, VICTOR  
Address: 881 OCEAN DR APT 8F  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: VP  
Name: GIRALDO, FABILOA  
Address: 881 OCEAN DR APT 8F  
City-St-Zip: KEY BISCAVNE, FL 33149 US

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA GIRALDO

PD

02/01/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date