2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P08000032047

Entity Name: CM FLORIDA HOLDINGS, INC.

Current Principal Place of Business:

2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 US

New Principal Place of Business:

25 W FLAGER STREET
6TH FLOOR
MIAMI, FL 33130 US

Current Mailing Address:

2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 US

New Mailing Address:

25 W FLAGER STREET
6TH FLOOR
MIAMI, FL 33130 US

FEI Number: 98-0595576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
SUITE 1225
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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DGM ( ) Change (X) Addition
Name: SANCHEZ-LOZANO TURMO, RAFAEL
Address: ORENSE 81 4 PLANTA
City-St-Zip: MADRID SPAIN, SP 28020 EU

Title: DGM ( ) Change (X) Addition
Name: FERRAZ RICARTE, RAMON
Address: 25 W FLAGER STREET 6TH FLOOR
City-St-Zip: MIAMI, FL 33130 US

Title: DGM ( ) Change (X) Addition
Name: GABARDA, LUIS
Address: ORENSE 81 4 PLANTA
City-St-Zip: MADRID SPAIN, SP 28020 EU

Title: S ( ) Change (X) Addition
Name: DE NAVASQUES COBIAN, IGNACIO
Address: ORENSE 81 4 PLANTA
City-St-Zip: MADRID SPAIN, SP 28020 EU

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: LUIS GABARDA D 04/28/2009

Electronic Signature of Signing Officer or Director — Date