## 2005 FOR PROFIT CORPORATION

## . Mar 23, 2005 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P94000036826** 1. Entity Name TUNNEL SERVICES CORPORATION Principal Place of Business Mailing Address 6205 BLUE LAGOON DR 6205 BLUE LAGOON DR 290 MIAMI, FL 33126 MIAMI, FL 33126 No Chg-P CR2E034 (10/03) 02032005 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0665751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RODRIGUEZ, JORGE\_E DO NOT WRITE 299 ALHAMBRA CIRCLE -SUITE 403 CORAL GABLES, FL 33134 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME STELLA, LUCIANO 10000()273581 6205 BLUE LAGOON DR STE 290 STREET ADDRESS 03/23/US-80034-013 150.00 CITY-ST-ZIP MIAMI, FL 33125 VDM TITLE GHELLA, ENRICO NAME STREET ADDRESS 6205 BLUE LAGOON DR STE 290 MIAMI, FL 33125 CITY-ST-ZIP ΤD TITLE BASSI, GIOVANNI NAME STREET ADDRESS 6205 BLUE LAGOON DR STE 290 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33125 IN THIS SPACE ns. TITLE AGUIRRE, ELENA NAME STREET ADDRESS 6205 BLUE LAGOON DR, STE 290 MIAMI, FL 33125 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statules. I further certify that the information indicated on this report or supplied ental 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

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

FILED