2000 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P94000040691 01-23-2006 90113 049 ***158.75 1. Entity Name LEPANTO INVESTMENTS INC. Principal Place of Business Mailing Address 40004805 7801 NW 37TH STREET 7801 NW 37TH ST MIAMI, FL 33166-6559 US MIAMI, FL 33166-6559 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) City & State City & State 4. FFI Number Applied For 65-0507693 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEFELER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 150 W. FLAGLER ST. MUSEUM TOWER, SUITE 2701 MIAMI, FL 33130 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE ☐ Change ☐ Addition GUZMAN, HECTOR J NAME NAME **7801 NW 37TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition BASAGOITIA, JAIME NAME NAME STREET ADDRESS 7801 NW 37TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY+ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 require 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 a supplemental report.

JAIME BASAGOITIA

SIGNATURE AND DIFES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

01/19/06

(305) 592-0839

Daytime Phone #

FILED Jan 23, 2006 8:00 am