

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000081455**

1. Entity Name  
TERREMARK FORTUNE HOUSE #1, INC.



Principal Place of Business

2601 S. BAYSHORE DRIVE  
9TH FLOOR  
MIAMI, FL 33133

Mailing Address

2601 S. BAYSHORE DRIVE  
9TH FLOOR  
MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0532523

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SICHTA, ROBERT D  
2601 S. BAYSHORE DRIVE  
9TH FLOOR  
MIAMI, FL 33133

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000450875  
03/10/06-80023-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEDINA, MANUEL D
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33123
TITLE	DVP
NAME	SEGRERA, JOSE
STREET ADDRESS	2601 S BAYSHORE DR., 9TH FLR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	AS
NAME	SICHTA, ROBERT D
STREET ADDRESS	2601 S. BAYSHORE DRIVE, 9TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D Sichta, Asst. Sec'y. 2-22-06 305-856-3200

Date

Daytime Phone #