2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000081455 06 DEC 15 PM 4: 22 1. Entity Name TERREMARK FORTUNE HOUSE #1, INC. SECRET ART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2601 S. BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE 9TH FLOOR 9TH FLOOR MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Act. #. etc. 712142006 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0532523 Not Applicable Country Zio 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 Corporate Creations Network Inc Street Address (P.O. Box Number is Not Acceptable) SICHTA, ROBERT D 2601 S. BAYSDRIVE DRIVE 11380 Prosperity Farms 9TH FLOOR #221E MIAMI, FL 33133 City Zip Coda 8. The above named entity submits this statement for the purpose of change at sequence of the purpose of the purpose of change at sequence of the purpose of change at sequence of the purpose of Assistant VP SIGNATURE. Cornerate Creations 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE S DP ☐ Delete MILE Adam T. Smith NAME NUME MEDINA, MANUEL D STREET ADDRESS 2601 S. BAYSHORE DR. 9TH FLOOR STREET ATTORESS 2601 South Bayshore Drive, Suite 900 MIAMI, FL 33123 CITY - ST- ZIP Miami, FL 33133 CITY-SI-ZIP ☐ Change ■ Addition OVP ☐ Delete TITLE MLE SEGRERA, JOSE NAME NUME 700082637857 12/19/06--01029--016 **61 2601 S BAYSHORE DR., 9TH FLR. STREET ADDRESS STREET ADDRESS **61.25 CITY - ST - ZP MIAMI, FL 33133 CTTY-ST-ZIF Change Addition Delete THLE IMF SICHTA, ROBERT D NAME 2601 S. BAYSHORE DRIVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-2P MIAMI, FL 33133 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MLE MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE Addition mne MALE NAME STREET ADDRESS STREET ADDRESS C11Y - 57 - ZIP CITY-ST-ZIP TITLE ☐ Change Addition Deleta me NUME NA STREET ADDRESS STREET ADDRESS CITY-ST-Z# 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 affect as if made under oath; that I am an officer or director of the corporation or the receiver attrustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if other life and contained on the receiver attraction of the corporation. SIGNATURE: SIGNATURE

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