

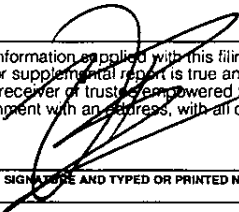


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 018 ***150.00

DOCUMENT # P95000072663 1. Entity Name HOLD AND OPT FLORIDA, INC.					
Principal Place of Business 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131			Mailing Address 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE Suite, Apt. #, etc. SUITE 1400 City & State MIAMI, FL Zip 33131		3. Mailing Address 1441 BRICKELL AVE Suite, Apt. #, etc. SUITE 1400 City & State MIAMI, FL Zip 33131			
Country USA		Country USA		01252005 Chg-P CR2E034 (10/03) 4. FEI Number 65-0625164 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE SUITE 1400 City MIAMI FL Zip Code 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE PSD NAME REVENGA, ALBA F <input checked="" type="checkbox"/> Delete STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Revenga, Alba F STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami FL 33131			
TITLE SS <input checked="" type="checkbox"/> Delete NAME ALLEN, ROBERT N STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131		TITLE SS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Bonavita, Umberto STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Umberto Bonavita 4/27/05 305-322-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					