2006 FOR PROFIT CORPORATION -AMENDED ANNUAL REPORT

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT						FILED				
DOCUMENT # P97000016029 1. Entity Name TERREMARK FINANCIAL SERVICES, INC.							AGE DE ST ASSEE, FLO			
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133		Mailing Address 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133		 	ielif ikan aabs acıo n	PIN BOID ARIE Bin escape	Mara saltana			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		90						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		72142006	Chg-P	CR2E034 (12	بر 66V			
City & State		City & State			4. FEI Numbe 65-0738			Applie Not Ap	d For oplicable	
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		5 Addition equired	nai	
6. Name and Address of Current Registered Agent SICHTA, ROBERT D 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133				#221E	Address (P.O. Box Number is Not Acceptable) 380 Prosperity Farms Road					
8. The above named entity submits this statement for the surpose of changing its registered effice or replaced agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent. Angela E. Howard Assistant VP Signature, hybrid or livined name of registered agent and title if applicable. Condendation of the surpose of changing its registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida, 1 am lamiliar with, and accept the obligations of registered agent, or both and accept the obligations of registered agent, or both accept the obligations of registered agent and the intervent accept the obligations of registered agent and the intervent accept the obligations of registered agent and the intervent accept the obligations of registered agent and the intervent accept the obligations of registered agent and the intervent accept the obligations of registered agent and the intervent accept the obligations of registered agent accept the obligations of registered agent accept th										
Amended AR Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D MEDINA, MANUEL D 2601 S BAYSHORE DR, 9TH FL MIAMI, FL 33133	☐ Delete	11. TITLE NAME STREET	ADDRESS 260	ım T. Smith	shore Drive, S	CIUITE 900		Addition	
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12. Thereby 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 if 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: / X , T. B482 as afformay in fact for Adam South 12/14/06										