

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016029

FILED
Mar 20, 2008
Secretary of State

Entity Name: TERREMARK FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2601 SOUTH BAYSHORE DRIVE
SUITE 900
MIAMI, FL 33133

New Principal Place of Business:

ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., SUITE 2900
MIAMI, FL 33131

Current Mailing Address:

2601 SOUTH BAYSHORE DRIVE
SUITE 900
MIAMI, FL 33133

New Mailing Address:

ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., SUITE 2900
MIAMI, FL 33131

FEI Number: 65-0738864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEDINA, MANUEL D.
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 900
City-St-Zip: MIAMI, FL 33133

Title: DVP () Delete
Name: SEGRERA, JOSE A.
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 900
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: SMITH, ADAM T.
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 900
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEDINA, MANUEL D.
Address: 2 S. BISCAYNE BLVD., SUITE 2900
City-St-Zip: MIAMI, FL 33131

Title: DVP (X) Change () Addition
Name: SEGRERA, JOSE A.
Address: 2 S. BISCAYNE BLVD., SUITE 2900
City-St-Zip: MIAMI, FL 33131

Title: S (X) Change () Addition
Name: SMITH, ADAM T.
Address: 2 S. BISCAYNE BLVD., SUITE 2900
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM SMITH

S

03/20/2008

Electronic Signature of Signing Officer or Director

Date