

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000C58620

1. Entity Name
INVERSIONES C-1606, INC.



Principal Place of Business
901 PONCE DE LEON BOULEVARD
SUITE 501
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BOULEVARD
SUITE 501
CORAL GABLES, FL 33134



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IRIONDO, ANDRES J
901 PONCE DE LEON BOULEVARD
SUITE 501
CORAL GABLES, FL 33134

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME TOZZI, GINO
STREET ADDRESS 901 PONCE DE LEON BOULEVARD, SUITE 501
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DVST
NAME DE TOZZI, DOTHY
STREET ADDRESS 901 PONCE DE LEON BOULEVARD, SUITE 501
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S
NAME IRIONDO, ANDRES J
STREET ADDRESS 901 PONCE DE LEON BOULEVARD, SUITE 501
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/21/05-80061-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andres J. Iriondo ANDRES J IRIONDO 1-18-05 305-4450611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #