

05/13/2007 14:26 305-445-4971

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90055 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000087249</b><br>1. Entity Name<br><b>PRADOMAR CORPORATION</b> |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

66016342

|                                                                                                         |                                                                                             |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>901 PONCE DE LEON BLVD.<br/>SUITE #603<br/>CORAL GABLES, FL 33134</b> | Mailing Address<br><b>901 PONCE DE LEON BLVD.<br/>SUITE #603<br/>CORAL GABLES, FL 33134</b> |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                                   |
|------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number<br><b>65-0926803</b> | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|------------------------------------|-------------------------------------------------------------------|

|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|-----------------------------------------------------------|-------------------------------------------|

|                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ALBORNOZ, WILLIAM H ESQ.<br/>901 PONCE DE LEON BLVD., SUITE 603<br/>CORAL GABLES, FL 33134</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|

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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 file if applicable (NOTE: Registered Agent signature required when terminating) DATE

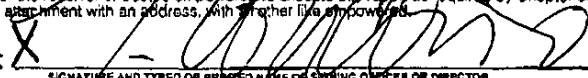
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                        |                                                                                                       |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>D<br/>LONDONO, JUAN FERNANDO<br/>901 PONCE DE LEON BLVD., SUITE 601<br/>CORAL GABLES, FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                                       |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 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 another like empowered.

SIGNATURE:  **Apr 24 / 2007 305-444-1741**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Juan Fernando Londono**