


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000031027 1. Entity Name TERRENAP SERVICES, INC.	
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Principal Place of Business 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133	Mailing Address 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI, FL 33133
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909777	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERT D. SICHTA 2601 S BAYSHORE DR 9TH FLOOR MIAMI, FL 33133

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U00000450884
03/10/06-80023-025 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, MANUEL D 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGRERA, JART 2601 S. BAYSHORE DR., 11TH FLOOR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SICHTA, ROBERT 2601 S BAYSHORE DR PENTHOUSE ONE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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 all other like empowered.

SIGNATURE:  **ROBERT D SICHTA, MTD 2006 2/27/06 305-856-3203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone R