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Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000056417

1. Entity Name
TERRAMAR INTERNATIONAL CORP

Principal Place of Business
18925 ATLANTIC BLVD
SUNNY ISLES, FL 33160

Mailing Address
18925 ATLANTIC BLVD
SUNNY ISLES, FL 33160

2. Principal Place of Business: 6852 SW - 13 St
Suite, Apt. #, etc.
City & State: PEMBROKE PAINE - FL
Zip: 33023 Country

3. Mailing Address: P.O. Box 414647
Suite, Apt. #, etc.
City & State: MIAMI BEACH - FL
Zip: 33141 Country

04/2004 Cng-P CR2E034 (10/03)

4. FEI Number: 65-0971462 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORGE DE UGARRIZA, ROBERTO
18925 ATLANTIC BLVD
SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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 ______ Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	☐ Delete
Name	DE UGARRIZA, ROBERTO	
Street Address	7441 WAYNE AVE STE 5H	
City-St-Zip	MIAMI, FL 33141	
Title	D	☐ Delete
Name	CECCARDI, LILIANA	
Street Address	7441 WAYNE AVE STE 5H	
City-St-Zip	MIAMI, FL 33141	
Title	D	☐ Delete
Name	DE VGARRIZA, JUAN MANUEL	
Street Address	18925 ATLANTIC BLVD	
City-St-Zip	SUNNY ISLES, FL 33160	
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		
Title		☐ Delete
Name		
Street Address		
City-St-Zip		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone