2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P990000578 FEL PARTNERS, INC.				Sec	retary of Sta	ate
Principal Place 2121 SW 3RI SUITE 800 MIAMI, FL 33	D AVE	Mailing Address 2121 SW 3RD AVE SUITE 800 MIAMI, FL 33129					
I	O NOT WRITE	IN THIS SDA	CE	04052005	No Chg-P	CR2E034 (10/03)	·-•·
	O NOT WITH			4. FEI Numbe 65-093	6751	Applied Not App	licable
				5. Certificate	of Status Desired	Fee Required	
PITA, ROD				DO.	NOT W	DITE	
2121 SW 3 SUITE 800 MIAMI, FL	· ··	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for thions of registered agent.	e purpose of changing its registe	red office or registe	red agent, or bo	h, in the State of Flo	orida. I am familiar with, and a	accept
SIGNATURE	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE Register	red Agent signature requires	d when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campalgn Fina Trust Fund Contribution		.00 May Be led to Fees	U0000 04/26/05	0333244 -80090-018 150.	80
10.	OFFICERS AND DIE	RECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	DP POMA, ERNESTO O 2121 S.W. THIRD AVENUE #800 MIAMI, FL 33129						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PITA, RODOLFO E 2121 S.W. THIRD AVENUE #800 MIAMI, FL 33129						
TITLE NAME STHEET ADDRESS CITY-ST-ZIP				DO	NOT W	'RITE	

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 theterny signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered by execute this export 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 at other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NURS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo Pita

19/4/85

IN THIS SPACE

305/285-2211

Daytime Phone ¥