2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# S20070

Entity Name: INFISERVICE CORP.

Current Principal Place of Business:

1101 BRICKELL AVE, SUITE 400 SOUTH TOWER
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVE, SUITE 400 SOUTH TOWER
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0236357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURAI, WALD, BIONDO & MORENO PA
TWO ALHAMBRA PLAZA
PENTHOUSE !B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	ORTEGA, LUIS ALBERTO, T.	
Address:	1101 BRICKELL AVE, SUITE 400 SOUTH TOWER	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	VP	( ) Delete
Name:	ORTEGA, JUAN	
Address:	1101 BRICKELL AVE, SUITE #300	
City-St-Zip:	MIAMI, FL 33131	
Title:	DVP	( ) Delete
Name:	ORTEGA, FABIAN	
Address:	1101 BRICKELL AVE, SUITE 400 SOUTH TOWER	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	DVP	( ) Delete
Name:	ORTEGA, JAIME	
Address:	1101 BRICKELL AVE, SUITE 400 SOUTH TOWER	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	D	( ) Delete
Name:	ORTEGA, JORGE	
Address:	1101 BRICKELL AVE, SUITE 400 SOUTH TOWER	
City-St-Zip:	MIAMI, FL 33131 US	
Title:	D	( ) Delete
Name:	XAVIER, MARCOS	
Address:	1101 BRICKELL DR. STE 400 - S	
City-St-Zip:	MIAMI, FL 33131	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS ALBERTO ORTEGA DP 04/29/2008

Electronic Signature of Signing Officer or Director — Date