2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 12, 2005 8:00 am Secretary of State 04-12-2005 90137 021 ***150.00

345-538-0135

1. Entity Nar	ne	# V01047 ALTY, INC.		04-12-2005 90137 021 ***150.00						
Principal Place of Business Mailing Address						1				
1501 COLLI 3RD FLOOR			1501 COLLINS AVE 3RD FLOOR							
MIAMI, FL 3		3	MIAMI, FL 33139 US				TI BEIRT IYEN BEKKERKEN IE	I EIEN BIDN AN	AKI BIBKI BIBLI AKI	THE REST OF BOOK
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052005	Chg-P	CR2E	34 (10/03)	
City & State			City & State		4. FEI Numb			\ -	optied For ot Applicable	
Zip	Country		Zip Coun		atry	5. Certificate of Status Desired \$8.75 Additional Fee Required				ditional d
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
SUMBERG, JOHN C 200 SOUTH BISCAYNE , P.A					Street Address (P.O. Box Number is Not Acceptable)					
STE 2500 MIAMI, FL 33131					TOI RE	ICKELL	AVE,	Sur	z 12	11.1
					City M	LKOLL	7716	<i><u> </u></i>	Zip Cod	8,71
8. The above	named entit	y submits this statement for	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. Lam	<u>ئے کے "</u> familiar with,	apd accept		
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, t/pfd or erhited name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when roinstating) DATE DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	1	OFFICERS AND			ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	PD JACQUES	S, BARBARA							Change	Addition
STREET ADDRESS	1501 COL	LINS			EET ADORESS					
CITY-ST-ZIP	MIAMI BE	ACH, FL 33139	\	_	r-ST-ZIP					- Addition
TITLE NAME	GIEBEL,	GEORGE	Delete	TITL	1				☐ Change	Addition
STREET ADDRESS		LINS AVENUE		1	EET ADDRESS					
CITY-ST-ZIP	VP MIAMI BE	ACH, FL 33139	TITLE	-ST-ZIP				☐ Change	Addition	
NAME	MEUNIER, JEAN-MARC			NAM	i i				☐ Outside	
STREET ADDRESS	·				EET ADDRESS -ST-ZIP					
CITY-ST-ZIP	MIAMI, FL 33139 ST □ Delete				· · · · · · · · · · · · · · · · · · ·				☐ Change	☐ Addition
NAME		N, MILTON	E Delete	TITLI NAM	l l				☐ Change	
STREET ADDRESS CITY-ST-ZIP	1501 COLLINS AVE MIAMI, FL 33139				ET ADDRESS - ST-ZIP					
TITLE	MIAIVII, FL	. 33139	Delete	īmu	·				☐ Change	☐ Addition
NAME			Delete	NAME			•		orange	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE			Defete	TITL					Change	Addition
NAME			LLJ Doloto	NAM	I					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
	certify that the	e information supplied with	this filing does not qualify to			ection 119.07/31	(i). Florida Statutes	l further cert	lify that the in	formation
indicated of the cor	on this repor	rt or supplemental report is ne receiver or trustee emoc	true and accurate and that it	my signa as requi	ture shall have the red by Chapter 60	same legal effect 7, Florida Statute	ct as if made under ones; and that my name	path; that I a	m an officer Block 10 or	or director Block 11 if
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.										