

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 028 ***150.00

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03082005 Chg-P CR2E034 (10/03)

4. FEI Number **68-0557130** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC.
1 SE 3RD AVE
27TH FLOOR
MIAMI, FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DUARTE, CARLOS H	
STREET ADDRESS	ONE SE THIRD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	☐ Delete
NAME	DUARTE, MARIA ELISA (DE)	
STREET ADDRESS	ONE SE THIRD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	P	☐ Delete
NAME	DUARTE, GUILLERMO	
STREET ADDRESS	ONE SE THIRD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	ST.	☐ Delete
NAME	DE CASTRO, MARIA ELENA (DE)	
STREET ADDRESS	ONE SE THIRD AVENUE, 28TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Carlos Duarte H. 3/17/05 (305) 936-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #