

CONFIDENTIAL INFORMATION

IN ORDER TO COMPLY WITH DUE DILIGENCE REQUIREMENTS, PLEASE PROVIDE OUR OFFICE WITH THE FOLLOWING INFORMATION AND DOCUMENTATION. ALL INFORMATION AND DOCUMENTATION PROVIDED WILL BE HELD CONFIDENTIALLY IN OUR OFFICE.

CLIENT INFORMATION

Name of Client: _____

Address: _____

Telephone No.: Work: _____

 Home: _____

 Cellular: _____

Facsimile: _____

E-Mail: _____

NOTE: If any of the Client Information provided above changes in the future, it is the Client's responsibility to provide our office with any new information. Our office will Invoice the Client the Company's annual fees in February of the year following incorporation, and every year thereafter. IT IS IMPORTANT THAT THE CLIENT MAINTAIN OUR OFFICE UPDATED ON CLIENT INFORMATION.

COMPANY INFORMATION

I. NAME OF COMPANY: _____

II DISTRIBUTION OF SHARES: **Bearer** [___] / **Registered** [___]

No. of Certificates: _____

III. NAME, ADDRESS & OCCUPATION FOR EACH BENEFICIAL OWNER OF SHARES:

(Please attach a copy of the passport or other form of photo identification and a reference letter from a bank for each Beneficial Owner)

Name: _____

Address: _____

Occupation: _____

Name: _____

Address: _____

Occupation: _____

IV. DESCRIPTION OF THE NATURE OF BUSINESS THE COMPANY IS TO BE INVOLVED IN AND SOURCE OF FUNDS:

V. NAMES OF DIRECTORS:(At least (3) three) Nominee Directors by our Office and NAMES OF OFFICERS (Required: P, S & T)

YES [] / NO []

ARMAN CORPORATE SERVICES LIMITED

1. _____

Officer: President [] / Secretary [] / Treasurer [
Vice-President [] / Assistant-Secretary [

LINDENBERG HOLDINGS GROUP INC.

2. _____

Officer: President [] / Secretary [] / Treasurer [
Vice-President [] / Assistant-Secretary [

AFFINITY LIMITED

3. _____

Officer: President [] / Secretary [] / Treasurer [
Vice-President [] / Assistant-Secretary [

4. _____

Officer: President [] / Secretary [] / Treasurer [
Vice-President [] / Assistant-Secretary [

[Please attach a copy of the passport or other form of photo identification and a reference letter from a bank for each Director and/or Officer]

NOTE: IN PANAMA THERE IS A PUBLIC REGISTRY OF DIRECTORS AND OFFICERS

VI. POWER OF ATTORNEY YES [] NO [

Name(s) of Attorney-in-Fact:

[Please attach a copy of the passport or other form of photo identification and a reference letter from a bank for each named Attorney-in-Fact]

VII. PROPOSED ACTIVITY OF ATTORNEY-IN-FACT:

[Our office issues a Power of Attorney for a duration period of one (1) year only. Please note that approval by the Nominee-Director is necessary prior to issuance of Power of Attorney]

VIII AFFIDAVIT:

THE CLIENT, BY EXECUTION OF THIS CONFIDENTIAL INFORMATION SHEET BELOW, AND AS BENEFICIAL OWNER OF THE SHARES OF THE COMPANY, HEREBY STATES AND CONFIRMS TO NELSON SLOSBERGAS, P.A, THAT HE/SHE IS NOT A CITIZEN AND/OR RESIDENT OF THE UNITED STATES.

FURTHERMORE, CLIENT CONFIRMS THAT ALL FUNDS HAVE COME FROM LEGITIMATE LEGAL SOURCES AND THAT CLIENT HAS COMPLIED WITH ALL APPLICABLE LEGAL REQUIREMENTS.

By: _____ Dated: _____, 200__

PRINT NAME: _____

Its: Beneficial Owner

WIRING INSTRUCTIONS

SunTrust Bank

Attn.: Nelcy Huerta

One S.E. Third Avenue, 16th Floor, Miami, FL 33131

ABA# 061000104

Account Name: Nelson Slosbergas, P.A. - Trust Account

Account #: 1000017267450