

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004710

FILED
Jan 09, 2009
Secretary of State

Entity Name: VIAJES EL CORTE INGLES, INC.

Current Principal Place of Business:

2601 S. BAYSHORE DRIVE,
STE 100
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

500 FIFTH AVE.
STE. 1730
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 13-3416033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, MARIA T MS
30 35 S.W 1ST AVE. APT 403
MIAMI, FL 33129 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: AP () Delete
Name: BASABE, JUAN CARLOS MR
Address: AVDA CANTABRIA, 51
City-St-Zip: MADRID SPAIN, MA 28042 SP

Title: PDC () Delete
Name: ALVAREZ, ISIDORO MR
Address: HERMOSILLA, 112
City-St-Zip: MADRID SPAIN, MA 28027 SP

Title: SD () Delete
Name: DE MINGO CONTRERAS, JUAN MR
Address: HERMOSILLA 112
City-St-Zip: MADRID SPAIN, MA 28027 SP

Title: T () Delete
Name: MARTINEZ, CARLOS MR
Address: HERMOSILLA 112
City-St-Zip: MADRID SPAIN, MA 28042 SP

Title: DV () Delete
Name: MUNARRIZ, FLORENCIO
Address: HERMOSILLA 112
City-St-Zip: MADRID SPAIN, MA 28027 SP

Title: SAP () Delete
Name: NUNO DE LA ROSA, JESUS
Address: ANDA CANTABRIA 51
City-St-Zip: MADRID, SPAIN, MA 28042 SP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: JUAN CARLOS BASABE

AP

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date