

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67249

Entity Name: C.I.D.E.S.A., INC.

FILED
Apr 07, 2011
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
240
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
240
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0034546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO
2121 PONCE DE LEON BLVD.
STE 240
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

OFFICERS AND DIRECTORS:

Title: PD
Name: FERNANDEZ, CLARA B.
Address: 2121 PONCE DE LEON BLVD. # 240
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: FERNANDEZ, JOAQUIN A
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: CORAL GABLES, FL 33134

Title: STD
Name: FERNANDEZ, FRANCISCO J
Address: 2121 PONE CE LEON BLVD #240
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: CLARA B. FERNANDEZ

D

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date