2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081917

DIDAMIDE AMALIA CODDODATIONI

255 ALHAMBRA CIR, SUITE 720

CORAL GABLES, FL 33134 US

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255 ALHAMBRA CIR, SUITE 720

CORAL GABLES, FL 33134 US

MUTIS VAN SCHERMBEEK, HERMAN

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 10, 2009 Secretary of State

Entity Nai	me: PIRAMII	JE AMALIA COR	PORATION						
Current Principal Place of Business:				New Principal Place of Business:					
2320 PONCE DE LEON BLVD MIAMI, FL 33134 US				2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US					
Current Mailing Address:				New Mailing Address:					
2320 PONCE DE LEON BLVD MIAMI, FL 33134 US				2320 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US					
FEI Number	: 65-1131147	FEI Number Ap	plied For () FEI N	lumber Not App	licable ()	Certifi	icate of Status I	Desired ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:				
KEY BISC. The above	N LANE DR, A AYNE, FL 33	149 US	ement for the purpose	e of changing i	ts registere	ed office o	r registered aહ	gent, or both,	
SIGNATU	RE:								
	Electro	onic Signature of I	Registered Agent	Date					
Election Car	npaign Financi	ng Trust Fund Cont	ribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PITTIER DE N 255 ALHAMBI) Delete MUTIS, AMALIA RA CIR, SUITE 720 ES, FL 33134 US		Title: Name: Address: City-St-Zip:	2320 PON	(X) Chang E MUTIS, AN CE DE LEON ABLES, FL 3	N BLVD		
Title: Name: Address: City-St-Zip:	MUTIS PITTIÈ 255 ALHAMBI) Delete R, HERMAN EMILIO RA CIR, SUITE 720 ES, FL 33134 US		Title: Name: Address: City-St-Zip:	2320 PON	(X) Chang TIER, HERM CE DE LEON ABLES, FL 3	N BLVD		
Title: Name:	D (MUTIS PITTIE) Delete R, HELENA		Title: Name:	D MUTIS PIT	(X) Chang TIER, HELE	e()Addition NA		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: HERMAN MUTIS 03/10/2009 D

2320 PONCE DE LEON BLVD

2320 PONCE DE LEON BLVD

CORAL GABLES, FL 33134 US

CORAL GABLES, FL 33134 US

MUTIS VAN SCHERMBEEK, HERMAN

(X) Change () Addition