

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084497

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FS UNIT 3010, INC.

**Current Principal Place of Business:**

1435 BRICKELL AVE.  
STE 3010  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BRICKELL AVE.  
STE 300  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 98-0405510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVE., STE. 300  
MIAMI, FL 33131 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: PD ( ) Delete  
Name: SILVA, JOSE CARLOS  
Address: NO. 2121 4O PISO., COL. PENA BLANCA  
City-St-Zip: SANTE FE.01210 MEXICO D.F., MX

Title: ST ( ) Delete  
Name: FOLCH, SALVI  
Address: NO. 2121 4O PISO., COL. PENA BLANCA  
City-St-Zip: SANTA FE 01210 MEXICO D.F., MX

Title: VP ( ) Delete  
Name: FOLCH, ERIK  
Address: 2335 NORTH MORELAND, #304  
City-St-Zip: CLEVELAND, OH 44120 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOSE CARLOS SILVA

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date