

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000079958

FILED  
Sep 08, 2008  
Secretary of State

Entity Name: IPORA HOTEIS E TURISMO CORP.

## Current Principal Place of Business:

7019 TAFT STREET  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

21382 MARINA COVE CIRCLE  
UNIT 17-D  
AVENTURA, FL 33180

## New Mailing Address:

FEI Number: 26-0523554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EFRAIM, ISAC  
21382 MARINA COVE CIRCLE  
UNIT 17-D  
AVENTURA, FL 33180 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: P ( ) Delete  
Name: SARMENTO, GISELLE  
Address: 21382 MARINA COVE CIRCLE UNIT 17-D  
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete  
Name: EFRAIM, YARON  
Address: 21382 MARINA COVE CIRCLE UNIT 17-D  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EFRAIM, ISAC  
Address: 21382 MARINA COVE CIRCLE UNIT 17-D  
City-St-Zip: AVENTURA, FL 33180

Title: V (X) Change ( ) Addition  
Name: SARMENTO, GISELLE  
Address: 21382 MARINA COVE CIRCLE UNIT 17-D  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Change (X) Addition  
Name: EFRAIM, YARON  
Address: 21382 MARINA COVE CIRCLE UNIT 17-D  
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Change (X) Addition  
Name: EFRAIM, ISAC  
Address: 21382 MARINA COVE CIRCLE UNIT 17-D  
City-St-Zip: AVEBTURA, FL 33180

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: ISAC EFRAIM

P

09/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date