

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000131615

FILED
Dec 17, 2009
Secretary of State**Entity Name:** EUROSPOORT ACTIVE WORLD CORP.**Current Principal Place of Business:**2200 SOUTH DIXIE HIGHWAY
SUITE 607
MIAMI, FL 33133**New Principal Place of Business:**3120 LUCAYA ST.
HOUSE
MIAMI, FL 33133 US**Current Mailing Address:**2200 SOUTH DIXIE HIGHWAY
SUITE 607
MIAMI, FL 33133**New Mailing Address:**3120 LUCAYA ST.
HOUSE
MIAMI, FL 33133 US**FEI Number:** 65-0913886**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PACKARD, DAVID
2200 SOUTH DIXIE HIGHWAY
SUITE 607
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**HOFMEIER, ANDREA S VP
3120 LUCAYA ST.
MIAMI, FL 33133 US

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: ANDREA HOFMEIER

12/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFMEIER, RALPH
Address: 2200 SOUTH DIXIE HIGHWAY #607
City-St-Zip: MIAMI, FL 33133

Title: VP () Delete
Name: PACKARD, DAVID
Address: 2200 SOUTH DIXIE HIGHWAY #607
City-St-Zip: MIAMI, FL 33133

Title: S (X) Delete
Name: SEIDL, ANDREA
Address: 2200 SOUTH DIXIE HIGHWAY #607
City-St-Zip: MIAMI, FL 33133

Title: VPD (X) Delete
Name: NORWOOD, NICK
Address: 2200 SOUTH DIXIE HIGHWAY #607
City-St-Zip: MIAMI, FL 33133

Title: VPD (X) Delete
Name: MENOCAL, PEDRO
Address: 2200 SOUTH DIXIE HIGHWAY #607
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFMEIER, RALPH
Address: 3120 LUCAYA ST.
City-St-Zip: MIAMI, FL 33133 US

Title: VP (X) Change () Addition
Name: HOFMEIER, ANDREA S VP
Address: 3120 LUCAYA ST.
City-St-Zip: MIAMI, FL 33133 US

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: PRESIDENT / DIRECTOR RALPH HOFMEIER

PD

12/17/2009

Electronic Signature of Signing Officer or Director

Date