## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000029117

Entity Name: ECOLOGIC TOURISM CONSULTING, INC.

**FILED** May 01, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1149 SW 27TH AVE. 8743 SW 9TH TERRACE 205

MIAMI, FL 33135 MIAMI, FL 33174

**Current Mailing Address: New Mailing Address:** 

1149 SW 27TH AVE. 8743 SW 9TH TERRACE MIAMI, FL 33135 US MIAMI, FL 33174 US

FEI Number: 65-0403210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VENTURA, ENRIQUE J ESQ VENTURA, ENRIQUE J ESQ 1149 SW 27TH AVE., #205 8743 SW 9TH TERRACE CORAL GABLES, FL 33134 US MIAMI, FL 33174 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: 05/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

COMAS, FEDERICO COMAS, FEDERICO Name: Name: 1149 SW 27TH AVE., #205 8743 SW 9TH TERRACE #3 Address: Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: MIAMI, FL 33174 US

( ) Delete STD Title: (X) Change ( ) Addition Title: Name: GRAELLS, NURIA Name: GRAFILS NURIA

1149 SW 27TH AVE., #205 8743 SW 9TH TERRACE #3 Address: Address: MIAMI, FL 33135 US MIAMI, FL 33174 US City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: VD. VD GRAELLS, MONTSERRAT GRAELLS, MONTSERRAT Name: Name: 1149 SW 27TH AVE., #205 8743 SW 9TH TERRACE # 3 Address: Address: City-St-Zip: MIAMI, FL 33135 US City-St-Zip: MIAMI, FL 33174 US

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: FEDERICO COMAS **PRES** 05/01/2009