2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110579

Entity Name: MICAMONTE CORPORATION

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

215 SW 43 AVE, 1004 MIAMI, FL 33149

Current Mailing Address: New Mailing Address:

151 CRANDON BLVD, STE 500 KEY BISCAYNE, FL 33149

FEI Number: 20-3396655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OYARZUN, ICIAR
C/O ICIAR OYARZUN
455 HAMPTON LN
KEY BISCAYNE, FL 33149 US
OYARZUN, ICIAR
C/O ICIAR OYARZUN
151 CRANDON BLVD. #500
KEY BISCAYNE, FL 33149 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: 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition
Name: JOAQUIN DE LA HERRAN, MENDIVIL
Address: 455 HAMPTON LN Address: 151 CRANDON BLVD #500

Address: 455 HAMPTON LN Address: 151 CRANDON BLVD #500
City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: DVST () Delete Title: DVST (X) Change () Addition Name: OYARZUN, CATALINA Name: OYARZUN, CATALINA

 Name:
 OYARZON, CATALINA
 Name:
 OYARZON, CATALINA

 Address:
 455 HAMPTON LN
 Address:
 151 CRANDON BLVD #500

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

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

Name: OYARZUN, ICIAR Name: OYARZUN, ICIAR

 Address:
 455 HAMPTON LN
 Address:
 151 CRANDON BLVD #500

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 KEY BISCAYNE, FL 33149

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: ICIAR OYARZUN OFFI 01/19/2009