

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004652

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: AMADEUS NORTH AMERICA INC.

## Current Principal Place of Business:

9250 NW 36TH STREET  
AC-16  
MIAMI, FL 33178

## New Principal Place of Business:

9250 NW 36TH STREET  
MIAMI, FL 33178

## Current Mailing Address:

9250 NW 36TH STREET  
AC-16  
MIAMI, FL 33178

## New Mailing Address:

9250 NW 36TH STREET  
MIAMI, FL 33178

FEI Number: 76-0544614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: VP ( ) Delete  
Name: CATES, TOM  
Address: 9250 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete  
Name: LOPEZ, EDNA W S  
Address: 9250 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: P ( ) Delete  
Name: URBAN, KATHERINE T P  
Address: 9250 NW 36 ST.  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: TAZON, JOSE A D  
Address: 9250 NW 36 ST  
City-St-Zip: MIAMI, FL 33178 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change ( ) Addition  
Name: NICHOLAS, PHILIP N ASST SE  
Address: 9250 NW 36TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: S (X) Change ( ) Addition  
Name: LOPEZ, TOMAS F SECRETA  
Address: 9250 NW 36 ST  
City-St-Zip: MIAMI, FL 33178

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: PHILIP N NICOLAS

ASST

02/11/2009

Electronic Signature of Signing Officer or Director

Date