

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003825

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** CORPORACION EUANITOS, SOCIEDAD ANONIMA

**Current Principal Place of Business:**

179 MARIA COURT  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

179 MARIA COURT  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 65-0892323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, MARIELA  
179 MARIA COURT  
PUNTA GORDA, FL 33950 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

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:**

Title: P ( ) Delete  
Name: POLLARD, H. N PH.D.  
Address: 179 MARIA COURT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ST ( ) Delete  
Name: GOMEZ, MARIELA  
Address: 179 MARIA COURT  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: H. N. POLLARD

PD

05/03/2009

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

\_\_\_\_\_ Date