

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 19, 2009  
Secretary of State**

DOCUMENT# F02000005013

Entity Name: TRESKO FORFAIT COMPANY

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
500  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 27-0027685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARAGON REGISTERED AGENTS, INC.  
255 ALHAMBRA CIRCLE  
SUITE 500  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: CPST ( ) Delete  
Name: HUGO FERNANDO ROMERO  
Address: 255 ALHAMBRA CIRCLE SUITE 500  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: PICONE, GUILLERMO H  
Address: 255 ALHAMBRA CIRCLE SUITE 500  
City-St-Zip: CORAL GABLES, FL 33134

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: GUILLERMO HUMBERTO PICONE

VP

10/19/2009

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

\_\_\_\_\_  
Date