2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004786

Entity Name: AMAZON TECHNOLOGIES COMPANY

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
150 ALHAMBRA CIRCLE, STE 1245 CORAL GABLES, FL 33134				150 ALHAMBRA CIRCLE, 1245 CORAL GABLES, FL 33134			
Current Mailing Address:				New Mailing Address:			
2555 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134			150 ALHAMBRA CIRCLE, 1245 CORAL GABLES, FL 33134				
FEI Number: 52-2055023 FEI Number Applied For () FEI Num			nber Not Appli	cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State							
SIGNATURE: Electronic Signature of Registered Agent					 Date		
Election Cam		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	C ()E MUTA, TARCISIC RUA DO ROCIO; SAO PAULO, SP VC ()E MIYAMARU, DEL	Delete DT C 313,11 ANDAR, VILA OLIMPIA 04552 BR Delete FIM O VC 313,11 ANDAR, VILA OLIMPIA		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D MUTA, TARC RUA DO ROO SAO PAULO CEO KARAM, ALV 150 ALHAME	(X) Change () Addition CISIO T C CIO,313,11 ANDAR, VILA OLIMPIA D, SP 04552 BR (X) Change () Addition	
Title: Name: Address: City-St-Zip:	BASTOS, NEWTO	BARROSO,52,SUITE2501,CENTRO		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () E KARAM, ALVARO 2555 PONCE DE CORAL GABLES	CEO LEON BLVD - 6TH FLOOR		Title: Name: Address: City-St-Zip:	PETTENA, W RUA DO RO	(X) Change ()Addition VALDEMIR D CIO,313,11 ANDAR, VILA OLIMPIA o, SP 04552 BR	
Title: Name: Address: City-St-Zip:	SIMPICH, FREDE	UT AVE NW - STE 700		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PETTENA, WALD	313,11 ANDAR, VILA OLIMPIA		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: FELIPE A. ROCHELEAU VP 01/14/2009