

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10277

FILED
Jul 14, 2009
Secretary of State**Entity Name:** FINSER CORPORATION**Current Principal Place of Business:**121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**121 ALHAMBRA PLAZA
SUITE 1400
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 59-2044441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BURTON-JENSEN, JOAN
121 ALHAMBRA PLAZA
SUITE 1400
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:** T () Delete
Name: GENARO
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** S () Delete
Name: JOAN
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GALES
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** V () Delete
Name: JAVIER
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** D () Delete
Name: GARMENDIA, GENARO J
Address: 121 ALHAMBRA PLAZA, SUITE 1400
City-St-Zip: CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change () Addition
Name: GARMENDIA, GENARO J
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** S (X) Change () Addition
Name: JENSEN, JOAN B
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GALES
City-St-Zip: CORAL GABLES, FL 33134 US**Title:** V (X) Change () Addition
Name: AGUIRRE, JAVIER
Address: 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLE
City-St-Zip: CORAL GABLES, FL 33134 US**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: JOAN B JENSEN

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07/14/2009

Electronic Signature of Signing Officer or Director_____
Date