2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# F95000003786

Entity Name: CLUB MED MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

75 VALENCIA AVE
12TH FL
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

75 VALENCIA AVE
12TH FL
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 13-3432122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC,
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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: SV ( ) Delete
Name: KETT, EILEEN
Address: 75 VALENCIA AVE 12TH FL
City-St-Zip: CORAL GABLES, FL 33134

Title: DCV ( ) Delete
Name: FREOA, LAURENT
Address: 75 VALENCIA AVE 12TH FL
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete
Name: GOBILLIARD, CEDRIC
Address: 75 VALENCIA AVE 12TH FLOOR
City-St-Zip: MIAMI, FL 33134

Title: V ( ) Delete
Name: MUFRAGGI, XAVIER
Address: 75 VALENCIA AVE 12TH FL
City-St-Zip: CORAL GABLES, FL 33134

Title: V (X) Delete
Name: BERGERET, OLIVIER
Address: 75 VALENCIA AVE., 12TH FLLOR
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DCV (X) Change ( ) Addition
Name: RIVAIN, PERNETTE
Address: 75 VALENCIA AVE 12TH FL
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change ( ) Addition
Name: MUFRAGGI, XAVIER
Address: 75 VALENCIA AVE 12TH FLOOR
City-St-Zip: MIAMI, FL 33134

Title: V (X) Change ( ) Addition
Name: BERGERET, OLIVIER
Address: 75 VALENCIA AVE 12TH FL
City-St-Zip: CORAL GABLES, FL 33134

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: EILEEN KETT SV 03/11/2009

Electronic Signature of Signing Officer or Director — Date