


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90027 028 ***150.00

DOCUMENT # F97000002186
 1. Entity Name
 AMADEUS AMERICAS, INC.



Principal Place of Business 9250 NW 36TH ST MIAMI, FL 33178 US	Mailing Address 9250 NW 36TH ST MIAMI, FL 33178 US
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DO NOT WRITE IN THIS SPACE

60018647



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1950443	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOPEZ, EDNA W
 9250 NW 36TH ST
 AC-16
 MIAMI, FL 33178

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAZON, JOSE A SALVADOR DE MADARIAGA,1 MADRID SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNEBRAND, TOMAS L SALVADOR DE MADARIAGA,1 MADRID SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUAREZ, IGNACIO J 9250 NW 36 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS LOPEZ, EDNA W 9250 NW 36 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODON, LINCOLN 9250 NW 36 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Ignacio J. Suarez Date: 02/14/06 Daytime Phone #: 305-499-6716
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR