

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002186

Entity Name: AMADEUS AMERICAS, INC.

FILED  
Feb 01, 2010  
Secretary of State

**Current Principal Place of Business:**

9250 NW 36TH ST  
MIAMI, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9250 NW 36TH ST  
MIAMI, FL 33178 US

**New Mailing Address:**

FEI Number: 52-1950443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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: D  
Name: MAROTO, LUIS D  
Address: SALVADOR DE MADARIAGA1  
City-St-Zip: MADRID SPAIN, FL 28027

Title: S  
Name: FERNEBRAND, TOMAS L S  
Address: SALVADOR DE MADARIAGA,1  
City-St-Zip: MADRID SPAIN, FL 28027

Title: P  
Name: URBAN, KATHERINE T P  
Address: 9250 NW 36 STREET  
City-St-Zip: MIAMI, FL 33178

Title: AS  
Name: NICHOLAS, PHILIP N AS  
Address: 9250 NW 36 STREET  
City-St-Zip: MIAMI, FL 33178

Title: D  
Name: CHEREQUE, PHILIPPE D  
Address: SALVADOR DE MADARIAGA 1  
City-St-Zip: MADRID SPAIN, FL 28027

I hereby 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 all other like empowered.

SIGNATURE: PHILIP N NICHOLAS

AS

02/01/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date