

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006511

FILED
Mar 18, 2009
Secretary of State

Entity Name: PROYECTOS INTERCONTINENTALES, S.A.

Current Principal Place of Business:

4757 N. OCEAN BLVD.
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

915 MIDDLE RIVER DR, SUITE 506
MORAITIS, COFAR, KARNEY & MORAITIS
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 52-2202784 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORAITIS, GEORGE R
915 MIDDLE RIVER DRIVE SUITE 506
FT. LAUDERDALE, FL 33304 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: DP () Delete
Name: CASASFRANCO DE OTOYA, DIANA
Address: PLAZA BANCOMER BUILDING 50TH STREET
City-St-Zip: PANAMA R.P., PA

Title: DVP () Delete
Name: OTOYA, RODRIGO
Address: PLAZA BANCOMER BUILDING 50TH STREET
City-St-Zip: PANAMA R.P., PA

Title: DS () Delete
Name: OTOYA, MAURICIO
Address: PLAZA BANCOMER BUILDING 50TH STREET
City-St-Zip: PANAMA R.P., PA

Title: DT () Delete
Name: OTOYA, FELIPE
Address: PLAZA BANCOMER BUILDING 50TH STREET
City-St-Zip: PANAMA R.P., PA

Title: T () Delete
Name: DELGADO, NELLY
Address: PLAZA BANCOMER BUILDING 50TH STREET
City-St-Zip: PANAMA R.P., PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DIANA CASAFRANCO

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03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date