2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L51767

Entity Name: FABIO PERINI LATIN AMERICA, INC.

Current Principal Place of Business:

2655 LE JEUNE ROAD
SUITE 605
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD
SUITE 605
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0184349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUTLER, H JEFFREY
241 SEVILLA CTR STE 805
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: FINOCCKI, GUIDO
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete
Name: LIVI, MARIO
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete
Name: URBAN, GARY
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL

Title: S ( ) Delete
Name: LUNDEEN, STEPHEN
Address: 207 EAST MICHIGAN, #410
City-St-Zip: MILWAUKEE, WI

Title: T ( ) Delete
Name: WILSON, ALISTAIR
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: BULFON, ALESSANDRO
Address: 2655 LE JEUNE ROAD, SUITE 605
City-St-Zip: CORAL GABLES, FL 33134

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: ALISTAIR WILSON T 04/30/2009

Electronic Signature of Signing Officer or Director Date