

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54040

FILED
Feb 10, 2009
Secretary of State

Entity Name: ALDEMA MIAMI BEACH INVESTMENT CORPORATION

Current Principal Place of Business:

200 S BISCAYNE BLVD
6TH FLOOR
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1198 VENETIAN WAY, STE 108
MIAMI, FL 33139 US

New Mailing Address:

FEI Number: 65-0176009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, LUISA
1198 VENETIAN WAY
MIAMI BEACH, FL 33139 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: DELLER, ALBERTO,
Address: CASILLA 2036
City-St-Zip: QUITO, ECUADOR,

Title: DT () Delete
Name: DELLER, FRIDA,
Address: CASILLA 2036
City-St-Zip: QUITO, ECUADOR,

Title: VPD () Delete
Name: DELLER, MICHEL
Address: CASILLA 2036
City-St-Zip: QUITO ECUADOR, US

Title: DS () Delete
Name: DELLER, HELEN
Address: CASILLA 2036
City-St-Zip: QUITO, ECUADOR,

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:

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: LUISA RIVERA

_____ Electronic Signature of Signing Officer or Director

MGR

02/10/2009

_____ Date