2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L69731

Entity Name: FAMECO INCORPORATED

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD.
#3400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

2 SOUTH BISCAYNE BLVD.
#3400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0192953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES , INC
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES , INC
2 S. BISCAYNE BLVD.,
SUITE 3400
MIAMI, FL 33131 US

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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RAMIREZ, JUAN B
Address: SAN RAMON
City-St-Zip: ALAJUELA, COSTA RICA,

Title: DV ( ) Delete
Name: RAMIREZ, GERARDO
Address: LA URUCA,
City-St-Zip: SAN JOSE, COSTA RICA,

Title: DV ( ) Delete
Name: RAMIREZ, MARIANO
Address: CIUDAD CARARI
City-St-Zip: HEREDIA, COSTA RICA,

Title: DS ( ) Delete
Name: RAMIREZ, OSCAR
Address: ROHRMOSER,
City-St-Zip: SAN JOSE, COSTA RICA,

Title: DT ( ) Delete
Name: RAMIREZ, MIGUEL
Address: ROHRMOSER
City-St-Zip: ALAJUELA, COSTA RICA,

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: JUAN B. RAMIREZ DP 04/29/2009
Electronic Signature of Signing Officer or Director — Date