

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000889

FILED
Apr 22, 2009
Secretary of State

Entity Name: TRADE MISSION CENTER OF THE AMERICAS, INC.

Current Principal Place of Business:

111 NW 1ST STREET
SUITE 2560
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

111 NW 1ST STREET
SUITE 2560
MIAMI, FL 33128

New Mailing Address:

FEI Number: 65-0996625 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OJEDA, J.A. JR.
111 NW 1ST ST. STE 2560
MIAMI, FL 33128 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SEIJAS, NATACHA
Address: 111 NW 1ST STREET 3RD FLOOR
City-St-Zip: MIAMI, FL 33128

Title: VC () Delete
Name: MALINA, JANA S
Address: 5200 BLUE LAGOON DR STE 600
City-St-Zip: MIAMI, FL 33126

Title: T () Delete
Name: HILL, MARLON
Address: 200 S BISCAYNE BLVD STE 2750
City-St-Zip: MIAMI, FL 33131

Title: S () Delete
Name: WYNN, DWAYNE
Address: P O BOX 510323
City-St-Zip: MIAMI, FL 33151

Title: ED () Delete
Name: OJEDA, J A JR
Address: 111 NW 1ST STREET STE 2560
City-St-Zip: MIAMI, FL 33128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: CASTILLO, JOSE LUIS
Address: 15821 SW 103 LANE
City-St-Zip: MIAMI, FL 33196

Title: T (X) Change () Addition
Name: BUSH, BERNADINE
Address: 3015 NW 49TH STREET
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change () Addition
Name: LOY, WALTER
Address: 10405 SW 80TH STREET
City-St-Zip: MIAMI, FL 33173

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.A. OJEDA, JR.

ED

04/22/2009

Electronic Signature of Signing Officer or Director

Date