

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 27, 2009
Secretary of State

DOCUMENT# N05000012481

Entity Name: EL TALLER DEL MAESTRO INC.**Current Principal Place of Business:**2685 NW 105 AVE
MIAMI, FL 33172**New Principal Place of Business:**11190 NW 92ND TERRACE
MIAMI, FL 33178**Current Mailing Address:**2685 NW 105 AVE
MIAMI, FL 33172**New Mailing Address:**11190 NW 92ND TERRACE
MIAMI, FL 33178**FEI Number:** 20-4102473**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RODRIGUEZ, MARIO
11350 NW 72 LANE
DORAL, FL 33178 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: DV () Delete
Name: RODRIGUEZ, MARIO
Address: 11350 NW 72 LANE
City-St-Zip: DORAL, FL 33178

Title: DP () Delete
Name: MORENO, NELLY
Address: 11350 NW 72 LANE
City-St-Zip: DORAL, FL 33178

Title: DS () Delete
Name: CASTILLO, JOHNNATTAN
Address: 5450 NW 107 AVE., STE. 706
City-St-Zip: DORAL, FL 33178

Title: DT () Delete
Name: GARCIA, ROBERTH
Address: 7330 NW 114 AVE., STE. 105
City-St-Zip: DORAL, FL 33178

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

SIGNATURE: NELLY MORENO

PRES

08/27/2009

Electronic Signature of Signing Officer or Director

Date