

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 04, 2009
Secretary of State

DOCUMENT# N06000001775

Entity Name: MIL AMIGOS DE HOLGUIN INC.

Current Principal Place of Business:6061 COLLINS AVE
#23-C
MIAMI BEACH, FL 33140**New Principal Place of Business:****Current Mailing Address:**6061 COLLINS AVE
#23-C
MIAMI BEACH, FL 33140**New Mailing Address:**

FEI Number: 51-0566810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:PELLITERO, RONALD
6061 COLLINS AVE
#23-C
MIAMI BEACH, FL 33140 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: P () Delete
Name: PELLITERO, RONALD
Address: 6061 COLLINS AVE #23C
City-St-Zip: MIAMI BEACH, FL 33140Title: S () Delete
Name: OCHOA, ONELIA
Address: 15600 NW 7 AVE #208
City-St-Zip: MIAMI, FL 33169Title: T () Delete
Name: MORENO, HENRY
Address: 8361 SW 47 ST
City-St-Zip: MIAMI, FL 33155Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**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: VP () Change (X) Addition
Name: PUPO, GODOFREDO
Address: 1316 SW 104 CT
City-St-Zip: MIAMI, FL 33174Title: VS () Change (X) Addition
Name: BRAVO, SARA
Address: 3011 SW 117 CT
City-St-Zip: MIAMI, FL 33175Title: VT () Change (X) Addition
Name: SONDON, RAUL
Address: 10015 SW 26 TERR
City-St-Zip: MIAMI, FL 33165

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: RONALD PELLITERO

PRES

04/04/2009

Electronic Signature of Signing Officer or Director

Date