2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# N06000002608

Entity Name: AMERINRIO, INC.

Current Principal Place of Business:

13962 S.W. 278TH ST
SUITE 2
HOMESTEAD, FL 33032

New Principal Place of Business:

80 S.W.78TH ST
SUITE 2000
MIAMI, FL 33130

Current Mailing Address:

13962 S.W. 278TH ST
SUITE 2
HOMESTEAD, FL 33032

New Mailing Address:

80 S.W.78TH ST
SUITE 2000
MIAMI, FL 33130

FEI Number: 20-3847300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PCOB ( ) Delete
Name: OLIVEIRA, CRISTINA R CEO
Address: 818 SW 28TH STREET, SUITE 1
City-St-Zip: FT LAUDERDALE, FL 333142640

Title: VPT ( ) Delete
Name: MCELFRESH, DONALD L VCOB
Address: 818 SW 28TH STREET, SUITE 1
City-St-Zip: FT LAUDERDALE, FL 333142640

Title: D ( ) Delete
Name: CARVALHO, ANDRE L.F.
Address: COL TAMARINDO 38, PADRE MIGUEL, RIO DE
City-St-Zip: RJ BRAZIL, OC

Title: VPD ( ) Delete
Name: CARVALHO, NEIDE LUCIA R
Address: 812 VILA NOVA, CAMPO GRANDE, RIO DE
City-St-Zip: RJ BRAZIL, OC

Title: SD (X) Delete
Name: REYES, WILIAM
Address: 8544 N W 198TH TERRACE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCOD (X) Change ( ) Addition
Name: OLIVEIRA, CRISTINA R CEO
Address: 80 SW 8TH STREET, SUITE 2000
City-St-Zip: MIAMI, FL 33130

Title: VPTD (X) Change ( ) Addition
Name: MCELFRESH, DONALD L VCOB
Address: 80 SW 8TH STREET, SUITE 2000
City-St-Zip: MIAMI, FL 33130

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: DONALD L MCELFRESH VP 05/03/2008

Electronic Signature of Signing Officer or Director — Date