

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011519

FILED
Feb 11, 2009
Secretary of State

Entity Name: CIELOS ABIERTOS INTERNACIONAL, INC.

Current Principal Place of Business:

14100 SW 144TH AVENUE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14100 SW 144TH AVENUE
MIAMI, FL 33186

New Mailing Address:

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

Name and Address of Current Registered Agent:

ACOSTA, CARLOS
14100 SW 144TH AVENUE
MIAMI, FL 33186 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: PD () Delete
Name: MALDONADO, GUILLERMO
Address: 9353 SW 152 AVE
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: MALDONADO, ANA G
Address: 9353 SW 152 AVE
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: DEJARDEN, GABRIEL
Address: 10770 N KENDALL DRIVE #H-8
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: TORRES, RAQUEL
Address: 11405 NW 7 STREET #105
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ACOSTA, CARLOS A
Address: 16362 SW 62 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: BLUM, SANDRA
Address: 4947 SW 142 CT
City-St-Zip: MIAMI, FL 33186

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:

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: GUILLERMO MALDONADO

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date