

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000018731

FILED
Feb 16, 2009
Secretary of State**Entity Name:** OPEN MARKETS CORPORATION**Current Principal Place of Business:**2600 ISLAND BOULEVARD
UNIT 205
AVENTURA, FL 33160**New Principal Place of Business:**19370 COLLINS AVENUE
SUITE 1616
SUNNY ISLES, FL 33160**Current Mailing Address:**2600 ISLAND BOULEVARD
UNIT 205
AVENTURA, FL 33160**New Mailing Address:**19370 COLLINS AVENUE
SUITE 1616
SUNNY ISLES, FL 33160**FEI Number:** 65-1078039**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ECHEVERRY, RUBEN D
2600 ISLAND BOULEVARD
UNIT 205
AVENTURA, FL 33160 US**Name and Address of New Registered Agent:**AZA, RAMIRO
19370 COLLINS AVENUE
SUITE 1616
SUNNY ISLES, FL 33160 US

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: RAMIRO AZA

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DPST () Delete
Name: ECHEVERRY, RUBEN D
Address: 2600 ISLAND BOULEVARD UNIT 205
City-St-Zip: AVENTURA, FL 33160**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPST (X) Change () Addition
Name: AZA, RAMIRO
Address: 19370 COLLINS AVE. SUITE 1616
City-St-Zip: SUNNY ISLES, FL 33160

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

SIGNATURE: RAMIRO AZA

DPST

02/16/2009

Electronic Signature of Signing Officer or Director

Date