2009 FOR PROFIT CORPORATION ANNUAL REPORT

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Entity Name: CIAU S.A., CORP.

FILED Apr 29, 2009 Secretary of State

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| | S AND DIRECTO | no. | ADDITIONS/CHA | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| Address: City-St-Zip: | DP () D OLIVO AREVALO 19191 CLOISTER BOCA RATON, FL | RAUL LAKE LANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Fitle: Name: Address: City-St-Zip: | DVP () D ANTONIETA DE C 19191 CLOISTER BOCA RATON, FL | LIVO LAKE LANE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Fitle: Name: Address: City-St-Zip: | D1 () D CLAUDIA DE MEN 19191 CLOISTER BOCA RATON, FL | IDOZA LAKE LANE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Fitle: Name: Address: City-St-Zip: | D2 () D RAUL OLIVO OSC 19191 CLOISTER BOCA RATON, FL | PRIO LAKE LANE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D3 () D GUSTAVO OLIVO 19191 CLOISTER | OSORIO | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |

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: RAUL OLIVO DP 04/29/2009