

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086123

Entity Name: ESTATUS DISCOS, INC.

FILED  
Feb 13, 2009  
Secretary of State

## Current Principal Place of Business:

5600 COLLINS AVE  
6Y  
MIAMI BEACH, FL 33140

## Current Mailing Address:

940 79TH TERRACE  
AP. 4  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

1775 WASHINGTON AVE  
6 E  
MIAMI BEACH, FL 33139

## New Mailing Address:

1775 WASHINGTON AVE  
6 E  
MIAMI BEACH, FL 33139

FEI Number: 65-1135387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEORGE SAENZ, CPA, P.A.  
45 S.W. 24TH ROAD  
MIAMI, FL 33129 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CACERES, ANDRES  
Address: 5600 COLLINS AVE #6Y  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: CACERES, LUCIANA  
Address: 5600 COLLINS AVE #6Y  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: BALERDI, EDUARDO SEC  
Address: 940 79TH TERRACE APT 4  
City-St-Zip: MIAMI BEACH, FL 33141 US

## 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:

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: ANDRES CACERES

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date