2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000126662

Entity Name: FONOLIBRO, INC

City-St-Zip: DORAL, FL 33166 US

FILED Oct 06, 2009 Secretary of State

Entity Nar	me: FONOI	LIBRO, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
# LP-108	B7TH STRE						
DORAL, FI		US					
Current Mailing Address:				New Mailing Address:			
7801 NW 37TH STREET # LP-108							
DORAL, F	L 33166	US					
FEI Number:	: 06-1663077	FEI Number	Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
7801 NW 3 # LP-108	DES, RIVER 37TH STREI L 33166 US	ΞT					
The above in the State	named enti e of Florida.	ty submits this s	statement for the po	urpose of changing it	s registered	office or registered ag	gent, or both,
SIGNATUR	RE:						
	Electi	onic Signature	of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	O/D RIVERO, AR 7801 NW 37 DORAL, FL	TH STREET # LP	-108	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	URDANETA,	TH STREET # LP	-108	Title: Name: Address: City-St-Zip:	URDANETA,	TH STREET # LP -108	
Title: Name: Address: City-St-Zip:	D TINOCO, PE 7801 NW 37 DORAL, FL	TH STREET #LP-	108	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address:	,	() Delete QUIMEDES L TH STREET #LP-	108	Title: Name: Address:	()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.

City-St-Zip:

SIGNATURE: ARQUIMEDES RIVERO O/D 10/06/2009