

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000130946

**FILED**  
**Sep 14, 2009**  
**Secretary of State****Entity Name:** ADI INVESTMENT BAYSHORE, INC.**Current Principal Place of Business:**1221 BRICKELL AVENUE #1590  
MIAMI, FL 33131**New Principal Place of Business:**1221 BRICKELL AVENUE  
SUITE 1590  
MIAMI, FL 33131 US**Current Mailing Address:**1221 BRICKELL AVENUE #1590  
MIAMI, FL 33131**New Mailing Address:**1221 BRICKELL AVENUE  
SUITE 1590  
MIAMI, FL 33131 US**FEI Number:** 90-0114219**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PADRO, JOSE F  
2520 NW 97 AVE  
SUITE 120  
MIAMI, FL 33172 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: EXVP ( ) Delete  
Name: ROSENBLUT, JORGE  
Address: 1221 BRICKELL AVENUE #1590  
City-St-Zip: MIAMI, FL 33131

Title: STDV ( ) Delete  
Name: ONETTO, RAIMUNDO  
Address: 1221 BRICKELL AVENUE #1590  
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete  
Name: HERNANDEZ, IGNACIO  
Address: 1221 BRICKELL AVENUE #1590  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete  
Name: KREUTZBERGER, PATRICIO  
Address: 1221 BRICKELL AVE., STE 1590  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SALAS, AGUSTIN  
Address: C/O 1221 BRICKELL AVENUE #1590  
City-St-Zip: MIAMI, FL 33131 US

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: RAIMUNDO ONETTO

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09/14/2009

Electronic Signature of Signing Officer or Director

Date