2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# P04000010203

Entity Name: ROBSON DAMASCENO ALBUQUERQUE INC.

Current Principal Place of Business:

4040 CRYSTAL LAKE DR.
APT. 201
POMPANO BEACH, FL 330641256 US

New Principal Place of Business:

873 SE DAMASK AVENUE
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

4040 CRYSTAL LAKE DR.
APT. 201
POMPANO BEACH, FL 330641256 US

New Mailing Address:

873 SE DAMASK AVENUE
PORT SAINT LUCIE, FL 34983 US

FEI Number: 20-0602083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBUQUERQUE, ROBSON D
4040 CRYSTAL LAKE DR.
APT. 201
POMPANO BEACH, FL 330641256 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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: BRENO R GOMES 01/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALBUQUERQUE, ROBSON D
Address: 4040 CRYSTAL LAKE DR. 201
City-St-Zip: POMPANO BEACH, FL 330641256 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALBUQUERQUE, ROBSON D
Address: 873 SE DAMASK AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VP ( ) Change (X) Addition
Name: ALBUQUERQUE, NAGILA O
Address: 873 SE DAMASK AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S ( ) Change (X) Addition
Name: ALBUQUERQUE, MARCIO D
Address: 873 SE DAMASK AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: ROBSON D ALBUQUERQUE P 01/28/2009
Electronic Signature of Signing Officer or Director Date