2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019397

RODRIGUEZ, ERICK

MIAMI, FL 33015

6073 NW 167TH ST STE C23

Name:

Address:

City-St-Zip:

Entity Name: MOVISAT INTERNATIONAL, INC.

FILED Sep 12, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:		
6073 NW	167 TERR				
STE C23 MIAMI, FL	33015 US				
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
6073 NW	167 TERR				
STE C23 MIAMI, FL	33015 US				
FEI Number	: 20-4255626	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
6073 NW STE C23	I, FABIAN A 167 TERR 33015 US				
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (ESTEBAN, FAE 2899 COLLINS MIAMI BEACH,	AVE #904	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DE JESUS SEI 18038 SW 12T) Delete RNA, RODRIGO H CT. INES, FL 330294800	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CLAUDIO LO 0 2025 NE 164 S) Delete BIUDICE, JULIO BT #1004 H, FL 33162 US	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: FABIAN ESTEBAN PRES 09/12/2007