

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000008724

FILED
Apr 26, 2009
Secretary of State

Entity Name: MICROTECNICA CORPORATION

Current Principal Place of Business:

5700 COLLINS AVENUE
SUITE 9M
MIAMI BEACH, FL 33131

Current Mailing Address:

5700 COLLINS AVENUE
SUITE 9M
MIAMI BEACH, FL 33131

New Principal Place of Business:

5700 COLLINS AVENUE
SUITE 9M
MIAMI BEACH, FL 33140

New Mailing Address:

5700 COLLINS AVENUE
SUITE 9M
MIAMI BEACH, FL 33140

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDES, VICTOR
5700 COLLINS AVENUE
9M
MIAMI BEACH, FL 33140 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: PD () Delete
Name: NARDES MENDES, ROBERTO M
Address: 5700 COLLINS AVENUE SUITE 9M
City-St-Zip: MIAMI BEACH, FL 33131

Title: SD () Delete
Name: DA COSTA MENDES, MARINA N
Address: 5700 COLLINS AVENUE SUITE 9M
City-St-Zip: MIAMI BEACH, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NARDES MENDES, ROBERTO M
Address: 5700 COLLINS AVENUE SUITE 9M
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD (X) Change () Addition
Name: DA COSTA MENDES, MARINA N
Address: 5700 COLLINS AVENUE SUITE 9M
City-St-Zip: MIAMI BEACH, FL 33140

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: ROBERTO MARCIO NARDES MENDES

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date