2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P08000004176

Entity Name: PASALTOR RELOADED CORP.

Current Principal Place of Business:

625 SANTANDER AVE
#3
CORAL GABLES, FL 33134

New Principal Place of Business:

50 N BISCAYNE BLVD
1807
MIAMI, FL 33132

Current Mailing Address:

625 SANTANDER AVE
#3
CORAL GABLES, FL 33134

New Mailing Address:

50 N BISCAYNE BLVD
1807
MIAMI, FL 33132

FEI Number: 45-0585730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALDARRIAGA, PABLO
625 SANTANDER AVE
#3
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SALDARRIAGA, PABLO
50 N BISCAYNE BLVD
1807
MIAMI, FL 33132 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: _____ 01/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SALDARRIAGA, PABLO
Address: 625 SANTANDER AVE, #3
City-St-Zip: CORAL GABLES, FL 33134

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SALDARRIAGA, PABLO
Address: 50 N BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

Title: VP ( ) Change (X) Addition
Name: LOPEZ, MONICA
Address: 50 N BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

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: PABLO SALDARRIAGA PD 01/14/2009
Electronic Signature of Signing Officer or Director — Date