

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009350

FILED
Jan 06, 2009
Secretary of State

Entity Name: CIUDAD GUATEMALA CORP

Current Principal Place of Business:

1000 BRICKELL AVE
335
MIAMI, FL 33131

New Principal Place of Business:

2795 NW 7TH STREET
MIAMI, FL 33125

Current Mailing Address:

1000 BRICKELL AVE
335
MIAMI, FL 33131

New Mailing Address:

2795 NW 7TH STREET
MIAMI, FL 33125

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

Name and Address of Current Registered Agent:

ANDERSON CASTRO, P.A.
1000 BRICKELL AVE
335
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ALONSO, ISABEL
10 SW SOUTH RIVER DR, UNIT 1515
MIAMI, FL 33130 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: ISABEL ALONSO

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ALONSO, ISABEL
Address: 2609 NW 7TH ST
City-St-Zip: MIAMI, FL 33125

Title: VP (X) Delete
Name: PAZ, NOEMI
Address: 2609 NW 7TH STREET
City-St-Zip: MIAMI, FL 33125

Title: TRES (X) Delete
Name: DIEZ, SANTIAGO
Address: 2609 NW 7TH STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ALONSO, ISABEL
Address: 10 SW SOUTH RIVER DR, UNIT 1515
City-St-Zip: MIAMI, FL 33130

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

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: ISABEL ALONSO

PVST

01/06/2009

Electronic Signature of Signing Officer or Director

Date