

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094193

FILED
Mar 20, 2009
Secretary of State

Entity Name: INFINITO TECHNOLOGIES CORP.

Current Principal Place of Business:

1157 NW 159 DRIVE
SUITE 100
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1157 NW 159 DRIVE
SUITE 100
MIAMI, FL 33169

New Mailing Address:

FEI Number: 30-0509001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESQUITA, HELDER
1157 NW 159 DRIVE
SUITE 100
MIAMI, FL 33169 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: VALVERDE, CESAR
Address: 1157 NW 159 DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: MESQUITA, HELDER
Address: 1157 NW 159 DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33169

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KOYAMA, MARCOS
Address: 1157 NW 159 DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33169

Title: D () Change (X) Addition
Name: KOYAMA, SUELY
Address: 1157 NW 159 DRIVE SUITE 100
City-St-Zip: MIAMI, FL 33169

Title: D () Change (X) Addition
Name: MESQUITA, HELDER
Address: 1157 NW 159 DRIVE SUITE 100
City-St-Zip: MIAMI, FL 33169

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: CESAR VALVERDE

P

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date