

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000098097

FILED
Aug 28, 2009
Secretary of State**Entity Name:** FIGURAS PERFECTAS, CORP.**Current Principal Place of Business:**31 SE 5 STREET
911
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**31 SE 5 STREET
911
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 26-3644118**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DUQUE, ASTRID N
31 SE 5 STREET
911
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DUQUE, ASTRID N
Address: 31 SE 5 STREET # 911
City-St-Zip: MIAMI, FL 33131**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** M () Change (X) Addition
Name: MAVAREZ, LISSET
Address: 31 SE 5 STREET # 911
City-St-Zip: MIAMI, FL 33131

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: ASTRIS N. DUQUE

P

08/28/2009

Electronic Signature of Signing Officer or Director

Date