

2009

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

09 JUN -3 AM 9:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

800156722908 06/03/09--01018--001 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P080001059871 1. Entity Name A.C. Mineros de Guayana, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Cachamay Ave. Suite, Apt. #, etc. Guayana Castillito City & State

3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL

4. FEI Number 26-3822380 Applied For Not Applicable

Zip Country 8050 Venezuela

Zip Country 33126-1222 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent Name del Valle, Manuel R. Street Address 7300 N.W. 19th St. Suite 101 City Miami FL Zip Code 33126-1222

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 10 columns: OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP for multiple entries.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ove R. Gedde 04-23-2009 011-58-414-518-6481 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)