

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100945

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: EIDICO TURISMO CORP.

## Current Principal Place of Business:

2525 PONCE DE LEON BLVD SUITE 1225  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2525 PONCE DE LEON BLVD SUITE 1225  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 68-0679673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD SUITE 1225  
CORAL GABLES, FL 33134 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: D  
Name: SANCHEZ SORONDO, SANTIAGO S.  
Address: C/O 2525 PONCE DE LEON BLVD SUITE 1225  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: LANUSSE, PATRICIO A.  
Address: C/O 2525 PONCE DE LEON BLVD SUITE 1225  
City-St-Zip: CORAL GABLES, FL 33134

Title: DPS  
Name: SALINAS, MATEO MARIA  
Address: C/O 2525 PONCE DE LEON BLVD SUITE 1225  
City-St-Zip: CORAL GABLES, FL 33134

Title: DT  
Name: FERREYRA, DIEGO RAFAEL  
Address: C/O 2525 PONCE DE LEON BLVD SUITE 1225  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: O'REILLY, JORGE  
Address: C/O 2525 PONCE DE LEON BLVD SUITE 1225  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: MAROLDA, EZEQUIEL  
Address: C/O 2525 PONCE DE LEON BLVD SUITE 1225  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MATEO MARIA SALINAS

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date