## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000032857

City-St-Zip:

MIAMI BEACH, FL 33139

FILED Apr 17, 2009 Secretary of State

Entity Name: PASO ALTO CORPORATION						
Current Principal Place of Business:			N	New Principal Place of Business:		
354 SEVILLA AVE MIAMI, FL 33134				354 SEVILLA AVE. CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
C/O SUAREZ, CEBALLOS & ORTIZ 354 SEVILLA AVE. CORAL GABLES, FL 33134			#	1521 ALTON ROAD #123 MIAMI BEACH, FL 33139		
FEI Number:	65-0406394	FEI Number Applied For ( )	FEI Numb	er Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			N	Name and Address of New Registered Agent:		
SOSA, ALBERTO J 3405 NW 53 STREET C-102 MIAMI, FL 33166 US The above named entity submits this statement for the purpose of				GRADOS, LUIS A 1614 PENNSYLVANIA AVENUE 2F MIAMI BEACH, FL 33139 US		
in the State	of Florida.	submits this statement for the pu	arpose or e	manging its registered	office of registered agent, of both,	
SIGNATURE: LUIS GRADOS				04/17/2009		
	Electror	ic Signature of Registered Ager	nt		Date	
Election Carr	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( ) SOSA, ALBERT 354 SEVILLA A MIAMI, FL 331	VE	N A	itle: ( lame: ddress: city-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S ( ) ORTOL, AMBAI 354 SEVILLA A MIAMI, FL 331	VE	N A	itle: ( lame: ddress: ity-St-Zip:	) Change ()Addition	
Title: Name: Address:	VP ( ) GRADOS, LUIS 1614 PENNSYI		N	itle: ( ame: ddress:	) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: LUIS GRADOS VΡ 04/17/2009