

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000056357

Entity Name: TURENNE, INC.

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

1395 BRICKELL AVE.
SUITE 650
MIAMI, FL 33131 US

Current Mailing Address:

1395 BRICKELL AVE.
SUITE 650
MIAMI, FL 33131 US

New Principal Place of Business:

18001 OLD CUTLER ROAD
SUITE 600
MIAMI, FL 33157 US

New Mailing Address:

18001 OLD CUTLER ROAD
SUITE 600
MIAMI, FL 33157 US

FEI Number: 65-0603458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, ROBERT W P.A.
1395 BRICKELL AVE.
SUITE 650
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROBERT W. STEWART, P.A.
18001 OLD CUTLER ROAD
SUITE 600
MIAMI, FL 33157 US

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: RWS

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PEREZ, JOSE A
Address: COLONIA EL PRADO CONTIGUA APUENTE SAN JOSE
City-St-Zip: TEGUCIGALPA HONDURAS,

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: PEREZ, JOSE A
Address: COLONIA EL PRADO CONTIGUA APUENTE SAN JOSE
City-St-Zip: TEGUCIGALPA HONDURAS, HN HN

Title: P () Change (X) Addition
Name: PEREZ, MANUEL
Address: C/ O 18001 OLD CUTLER ROAD #600
City-St-Zip: MIAMI, FL 33157 US

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: MP

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date