

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004786

FILED
Feb 28, 2008
Secretary of State

Entity Name: AMAZON TECHNOLOGIES COMPANY

Current Principal Place of Business:

2555 PONCE DE LEON BLVD.
600
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2555 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 52-2055023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: MUTA, TARCISIO T C
Address: RUA DO ROCIO,313,11 ANDAR, VILA OLIMPIA
City-St-Zip: SAO PAULO, SP 04552 BR

Title: VC () Delete
Name: MIYAMARU, DELFIM O VC
Address: RUA DO ROCIO,313,11 ANDAR, VILA OLIMPIA
City-St-Zip: SAO PAULO, SP 04552 BR

Title: D () Delete
Name: BASTOS, NEWTON V D
Address: RUA ALMIRANTE BARROSO,52,SUITE2501,CENTRO
City-St-Zip: RIO DE JANEIRO, RJ 20031 BR

Title: CEO () Delete
Name: KARAM, ALVARO CEO
Address: 2555 PONCE DE LEON BLVD - 6TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S () Delete
Name: SIMPICH, FREDERICK S
Address: 818 CONNECTICUT AVE NW - STE 700
City-St-Zip: WASHINGTON S, DC 20006 US

Title: D () Delete
Name: PETTENA, WALDEMIR D
Address: RUA DO ROCIO,313,11 ANDAR, VILA OLIMPIA
City-St-Zip: SAO PAULO, SP 04552 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FELIPE A. ROCHELEAU

VP

02/28/2008

Electronic Signature of Signing Officer or Director

_____ Date