

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000434

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: ALTIFIBERS S.A. INCORPORATED

## Current Principal Place of Business:

CALLE FERNANDO GUACHALLA 342  
EDIF VICTOR 342 OF 101  
LA PAZ,, NA BOLIVIA NA

## New Principal Place of Business:

## Current Mailing Address:

CORREO CENTRAL  
CASILLA 5019  
LA PAZ, BOLIVIA, NA NA

## New Mailing Address:

FEI Number: 98-0488753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRANS EXPRESS INC  
7801 NW 37 STREET  
MIAMI, FL 33166 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: CEO ( ) Delete  
Name: BOHRT, HUMBERTO J MR.  
Address: CALLE TAJIBOS A #20 - AUQUISAMANA  
City-St-Zip: LA PAZ, NA BOLIVIA NA

Title: VC ( ) Delete  
Name: LOAYZA, RAUL  
Address: CALLE REYES ORTIZ, EDIF GUNDLACH, TORRE OE  
City-St-Zip: LA PAZ,, NA BOLIVIA NA

Title: D ( ) Delete  
Name: ARDUZ, HECTOR  
Address: AVE. 6 DE AGOSTO 2549, EDIF EL CARMEN  
City-St-Zip: LA PAZ,, NA BOLIVIA NA

Title: D ( ) Delete  
Name: URQUIDI, JORGE  
Address: CALLE LAS RETAMAS 1371, COTA COTA  
City-St-Zip: LA PAZ,, NA BOLIVIA NA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: ARANGUREN, JOSE LUIS  
Address: AVE. 6 DE AGOSTO 2549, EDIF EL CARMEN  
City-St-Zip: LA PAZ,, NA BOLIVIA NA

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: HUMBERTO BOHRT

CEO

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date