

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005987

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: COMPANEROS DE POQEN KANCHAY, INC.

**Current Principal Place of Business:**

8010 ARBOR LANE  
NORTHFIELD, IL 60093 US

**New Principal Place of Business:**

**Current Mailing Address:**

8010 ARBOR LANE  
NORTHFIELD, IL 60093 US

**New Mailing Address:**

FEI Number: 65-1037961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD, SUITE 101  
TALLAHASSEE, FL 323012960 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

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: WELLS, ANNE PHD  
Address: C/O AMB FOUNDATION,P.O. BOX 710695  
City-St-Zip: HERNDON, VA 20171

Title: VP/D ( ) Delete  
Name: PAREDES, THEO PHD  
Address: CASILLA 220  
City-St-Zip: CUSCO, PE PERU PE

Title: S/D ( ) Delete  
Name: HERRELL, DIANE  
Address: 58 LAWNDALE  
City-St-Zip: MT CLEMENS, MI 48045

Title: T/D ( ) Delete  
Name: DANTO, GAIL  
Address: 3225 DEVON BROOK DRIVE  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: B.M. ( ) Delete  
Name: ROFFEY, ART PHD  
Address: 3225 DEVON BROOK DRIVE  
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: MAL ( ) Delete  
Name: KOSTER, SUSAN L  
Address: 851 SATURN STREET, UNIT F  
City-St-Zip: JUPITER, FL 33477

**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACEN R. MALECK

Electronic Signature of Signing Officer or Director

DIR

01/14/2008

\_\_\_\_\_ Date