


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90184 043 ****61.25

DOCUMENT # N00000005987

1. Entity Name
COMPANEROS DE POQEN KANCHAY, INC.



Principal Place of Business
**335 WEST INDIANTOWN ROAD
JUPITER FL 33458**

Mailing Address
**335 WEST INDIANTOWN ROAD
JUPITER FL 33458**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1037961** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KOSTER, SUSAN L
335 WEST INDIANTOWN ROAD
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	YEPEZ, THEO PAREDES	
STREET ADDRESS	CASILLA 220	
CITY-ST-ZIP	CUSCO, PERU	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOSTER, ROBIN J	
STREET ADDRESS	CASILLA 220	
CITY-ST-ZIP	CUSCO, PERU	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OTTO, MELANIE	
STREET ADDRESS	P.O. BOX 23	
CITY-ST-ZIP	PARK CITY UT 84060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOSTER, SUSAN L	
STREET ADDRESS	851 SATURN STREET	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan L Koster* **REQUIRED** Jan 24 2003 561 747 3161

CR2E037 (10/02)