

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N04000005615

1. Entity Name  
 UNIVERSIDAD DE LOS PUEBLOS DE LAS AMERICAS,  
 PEOPLES' UNIVERSITY OF THE AMERICAS, INC.



Principal Place of Business  
 2 WEST MAIN STREET  
 NAFA BUILDING  
 AVON PARK, FL 33825

Mailing Address  
 955 SW 122 AVENUE  
 2ND FLOOR  
 MIAMI, FL 33184

66021737



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2. Principal Place of Business - No P.O. Box # 9100 S Dadeland Blvd Suite, Apt. #, etc. Suite 1500 City & State Miami, FL Zip 33156 Country		3. Mailing Address 4059 Santa Barbara Dr Suite, Apt. #, etc. Harder Hall Country Cl City & State Sebring, FL Zip 33875 Country	

07152007 Chg-NP CR2E037 (12/06)

4. FEI Number	65-1047467	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS 955 SW 122 AVENUE, 2ND FLOOR MIAMI, FL 33184		Name PACHECKER HUMPHREY H Street: 10008 W FLAGLER ST #B126 MIAMI FL 33174 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: *[Signature]* DATE: 7/15/2007

(NOTE: Registered Agent signature required when reconstating)

Filing Fee is \$61.25 Due by September 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PACHECO, ENGELBERT H VICE-PR 11890 S.W. 8TH STREET, PH - 3 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. BARRERA TERESITA D J 10008 W FLAGLER ST # B126 MIAMI FL 33174-1828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHERNOFF, GEORGE SECRETA 11890 S.W. 8TH STREET, PH - 3 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Humphrey Pachecker 4059 Santa Barbara Dr. Sebring, FL 33875 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACHECO, HUMBERTO H TREASUR 11890 S.W. 8TH STREET, PH - 3 MIAMI, FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS 11890 S.W. 8 STREET, PH-5 MIAMI, FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAFA ATTORNEYS ASSOCIATION 1241 US HWY 27 S SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner N.A.F.A. CONSULTANTS & EMPLOYMENTS AGEN 955 S.W. 122 AVENUE MIAMI, FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner CONSORCIO ADMINISTRATIVO SERVICIOS HUMANOS 10008 WEST FLAGLER STREET, STE:B-126 MIAMI, FL 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner NAFA ABOGADOS 327 BAHIA CARAQUEZ ECUADOR, EC 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* DATE: 7/15/2007 863-385 0042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #