2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# N04000007549

Entity Name: FUNDACION SUR FUTURO, INC.

Current Principal Place of Business:

283 CATALONIA AVE 2ND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

283 CATALONIA AVE 2ND FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 54-2158511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE 2ND FLOOR
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: GRULLON, MELBA S
Address: 808 BRICKELL KEY DR APT 701
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: ORTIZ, BOLIVAR B
Address: PLAZA INTERCARIBE AVE LOPE DE VEGA
City-St-Zip: SANTO DOMINGO DOM REP,

Title: D ( ) Delete
Name: MAZARA, VIOLETA
Address: CANCILLERIA AVENCIA INDEPENDENCIA
City-St-Zip: SANTO DOMINGO DOM REP,

Title: D ( ) Delete
Name: DEFILLO, DAMARIS
Address: AVENIDA DE LOS PROCERES SANTO DOMINGO
City-St-Zip: DOM REP,

Title: D ( ) Delete
Name: KALAR, ZOLLA D
Address: UNICENTRO PLAZA 3ER NIVEL
City-St-Zip: SANTO DOMINGO DOM REP,

Title: D ( ) Delete
Name: SUERO, FEDERICO
Address: AVENIDA MAXIMO GOMEZ
City-St-Zip: SANTO DOMINGO DOM REP,

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 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 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: MELBA GRULLON D 07/14/2005

Electronic Signature of Signing Officer or Director — Date