

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010954

FILED
Feb 22, 2010
Secretary of State

Entity Name: LIBROS SIN FRONTERAS, INC.

Current Principal Place of Business:

800 BRICKELL AVENUE
STE. 710
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

800 BRICKELL AVENUE
STE. 710
MIAMI, FL 33131

New Mailing Address:

FEI Number: 43-2092546 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STECCHI, DIEGO
800 BRICKELL AVENUE
STE 710
MIAMI, FL 33131 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: DT
Name: PEZZATINI, ILARIA
Address: 5400 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: DP
Name: STECCHI, DIEGO
Address: 800 BRICKELL AVENUE, STE 710
City-St-Zip: MIAMI, FL 33131

Title: D
Name: MARTINEZ FONTANI, DIANA
Address: 2000 N. BAYSHORE DR. APT. 1101
City-St-Zip: MIAMI, FL 33137

Title: D
Name: VOGEL, STEVEN
Address: 800 BRICKELL AV , STE 710
City-St-Zip: MIAMI, FL 33136

Title: D
Name: MONTENEGRO, SANDRA
Address: 888 BRICKELL KEY DRIVE, APT 2907
City-St-Zip: MIAMI, FL 33131

Title: D
Name: SOMARRIBA, MARIA PATRICIA
Address: 255 EAST ENID DR.
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: MARIA PATRICIA SOMARRIBA

DIR

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date