

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 11, 2008
Secretary of State**

DOCUMENT# N07000003807

Entity Name: THE GUATEMALAN-AMERICAN ORGANIZATION AJAW KABAWIL, INC.

Current Principal Place of Business:

15557 SW WARFIELD BLVD
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

P O BOX 1767
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 26-0465148 **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:

JUAN-GASPAR, MIGUEL
2514 SE WASHINGTON ST.
STUART, FL 34997 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 () Delete
Name: CRUZ, LILLIAN
Address: P O BOX 628
City-St-Zip: INDIANTOWN, FL 34956

Title: V () Delete
Name: JUAN-GASPAR, MIGUEL
Address: 2514 SE WASHINGTON ST
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: CRUZ, ANDRES
Address: P O BOX 628
City-St-Zip: INDIANTOWN, FL 34956

Title: T () Delete
Name: VELAZQUEZ, JESUS D
Address: P O BOX 1867
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRUZ, LILLIAN E
Address: P O BOX 628
City-St-Zip: INDIANTOWN, FL 34956

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: LILIAN E. CRUZ

P

08/11/2008

Electronic Signature of Signing Officer or Director

_____ Date