2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N08000000888

Entity Name: CICAMEX COMUNIDAD INTEGRADA CENTRO AMERICA-MEXICO INC.

Current Principal Place of Business:

2215 SW 132 AVE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2215 SW 132 AVE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 26-1858815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLINDRES, LUIS E
2215 SW 132 AVE
MIAMI, FL 33175 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: RUEDA, LEOBARDO
Address: 2653 SW 30 CT
City-St-Zip: MIAMI, FL 33133

Title: VP (X) Delete
Name: VELAZQUEZ, JUAN
Address: 2653 SW 30 CT
City-St-Zip: MIAMI, FL 33133

Title: T (X) Delete
Name: ESPINOZA, ERNESTO JOSE
Address: 4002 NW 12 AVE
City-St-Zip: MIAMI, FL 33127

Title: D (X) Delete
Name: GARCIA, MIGUEL E
Address: 2221 S.W. 83 AVE
City-St-Zip: MIAMI, FL 33155

Title: S (X) Delete
Name: COLINDRES, LUIS E CEO
Address: 2215 S.W. 132 AVE
City-St-Zip: MIAMI, FL 33175

Title: D (X) Delete
Name: DE JESUS, ROSE
Address: 2215 S.W. 132 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COLINDRES, LUIS E
Address: 2215 SW 132 AVE
City-St-Zip: MIAMI, FL 33175 US

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 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: LUIS E COLINDRES DP 03/31/2009

Electronic Signature of Signing Officer or Director — Date