


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N43188
 1. Entity Name
CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC



| | |
|---|---|
| Principal Place of Business 3400 CORAL WAY STE 602 CORAL WAY, FL 33145 US | Mailing Address 3400 CORAL WAY STE 602 MIAMI, FL 33145 US |
|---|---|



01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0287364 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 DE ARMAS, LUIS
 201 S BISCAYNE BLVD.
 1500 MIAMI CENTER
 MIAMI, FL 33131

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1301077448334
 05/06/06-80078-012 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUNGE, ALFREDO 3400 CORAL WAY MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PASCUAL, GABRIEL 3400 CORAL WAY STE 602 MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEBORAH, HERNANDEZ 3181 CORAL WAY STE 801 MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COLIN, VEATER DARWIN CAPITAL MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERNANDO, QUIÑONES-MEZA 300 BISCAYNE BOULEVARD WAY STE 1020 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BONILLA MATHE, SALVADOR 3400 CORAL WAY STE. 700 MIAMI, FL 33134 |

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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:  **ALFREDO A. BUNGE** **2/21/2006** **305-569-9113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #