2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43188

FILED Apr 25, 2008 Secretary of State

Entity Name: CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC

Current Principal Place of Business: New Principal Place of Business: 1395 BRICKELL AVE. FLOOR 14TH MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 1395 BRICKELL AVE. FLOOR 14TH MIAMI, FL 33131 US FEI Number: 65-0287364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRIEDHOFF, JOHN 1395 BRICKELL AVE. FLOOR 14TH MIAMI, FL 33131 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change () Addition () Delete BUNGE, ALFREDO Name: BUNGE, ALFRED A Name: 701 BRICKELL AVE. SUITE 2240 Address: 701 BRICKELL AVE. SUITE 2240 Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US Title: Title: (X) Change () Addition () Delete QUINONEZ-MEZA, FERNANDO Name: FRIEDHOFF, JOHN Name: Address: 1148 SOUTH ALHAMBRA CIRCLE Address: 1395 BRICKELL AVENUE, 14TH FLOOR City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change () Addition HERNANDEZ, DEBORAH Name: Name: 3191 CORAL WAY STE 801 Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: () Change () Addition VEATER, COLIN Name: Name: DARWIN CAPITAL Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: () Delete Title: () Change () Addition O'MALLEY, THOMAS Name: Name: PO BOX 523979 Address: Address: City-St-Zip: MIAMI, FL 33122 City-St-Zip: Title: () Delete Title: () Change () Addition BONILLA MATHE, SALVADOR Name: Name: Address: 3400 CORAL WAY STE. 700 Address: MIAMI, FL 33134 City-St-Zip: 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: ALFRED A. BUNGE PRES 04/25/2008