


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90824 037 ****61.25

DOCUMENT # N97000002413					
1. Entity Name TXOKO ALAI-EUSKAL ETXEA OF MIAMI INC.					
Principal Place of Business 4315 NW 7TH ST. SUITE B-47 MIAMI, FL 33126			Mailing Address 4315 NW 7TH ST. SUITE B-47 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0901723				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUIASOLA, JULIAN 4315 NW 7TH ST. SUITE B-47 MIAMI, FL 33126			Name <u>AGUSTIN UGARTE</u> Street Address (P.O. Box Number is Not Acceptable) <u>4315 N.W. 7 ST. SUITE B-47</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33126</u>		
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 <u>Agustin Ugarte</u>		AGUSTIN UGARTE		DIRECTOR	
SIGNATURE		AGUSTIN UGARTE		DATE <u>04/25/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIASOLA, JULIAN		NAME	AGUSTIN UGARTE	
STREET ADDRESS	4315 NW 7TH ST. SUITE B-47		STREET ADDRESS	4315 N.W. 7 ST. SUITE B-47	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	Miami, FL. 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDIOLA, ALBERTO		NAME	INAKI OSA	
STREET ADDRESS	4315 NW 7TH ST. SUITE B-47		STREET ADDRESS	4315 N.W. 7ST. SUITE B-47	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERKIAGA, AITZOL		NAME		
STREET ADDRESS	4315 N.W. 7TH STREET, SUITE B-47		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Agustin Ugarte</u>		AGUSTIN UGARTE		DIRECTOR	
SIGNATURE		AGUSTIN UGARTE		DATE <u>04/25/07</u>	
				305 553-1062	