2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006
Secretary of State

DOCUMENT# 745429

Entity Name: INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITICAL COOPERATION, INC.

Current Principal Place of Business:

P.O. BOX 2
JOSE MARTI STATION
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

P O BOX 2
JOSE MARTI STATION
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 59-2195008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINOZA, SARA P
1393 SW 1 STREET, SUITE 400
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

ESPINOZA, SARA P
1393 SW 1 STREET
SUITE 400
MIAMI, FL 33125 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: _____ 01/20/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARMESTO, ELADIO J
Address: 1393 SW 1 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete
Name: MURPHY, HELEN
Address: 1393 SW 1 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: SERAFIN, DEBESA
Address: 9429 SW 154 PLACE
City-St-Zip: MIAMI, FL 33161

Title: TD ( ) Delete
Name: DIAZ, JORGE
Address: 1393 SW 1 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: DOMINGUEZ, MARIA L
Address: 1393 SW 1 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33135

Title: VD ( ) Delete
Name: ESPINOZA, SARA P
Address: 1393 SW 1 STREET, SUITE 400
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELADIO J. ARMESTO PD 01/20/2006
Electronic Signature of Signing Officer or Director — Date