2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# N05000001540

Entity Name: NICARAGUAN CIVIC TASK FORCE, INC.

Current Principal Place of Business:

10500 WEST FLAGLER STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

10500 WEST FLAGLER STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARDENAS, CARLOS M
10500 WEST FLAGLER STREET
MIAMI, FL 33174 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: C/M ( ) Delete
Name: MORA, JUAN P
Address: 12223 SW 17 LANE 108
City-St-Zip: MIAMI, FL 33175

Title: V ( ) Delete
Name: CARDENAS, CARLOS M
Address: 10500 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: S ( ) Delete
Name: VELA, JOSE D
Address: 10500 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: T ( ) Delete
Name: NAVARRETE, CESAR A
Address: 201 NW 109 AVE #101
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: PICHARDO, EDUARDO D
Address: 10500 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: CALDERA, NORA
Address: 10500 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

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: CARLOS CARDENAS V 04/20/2007

Electronic Signature of Signing Officer or Director — Date