


FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90024 006 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000004554			
1. Entity Name AMERICAN FREE TRADE ASSOCIATION, INC.			
Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126 US		Mailing Address 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126 US	
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 13-3140996		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 PEREZ, LAUREN V 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P PALIANI, ALFRED J 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PALIANI, ALFRED R.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATTAH, FREDDY 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAN, EVERETT 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BATTAH, FREDDY 5200 BLUE LAGOON DRIVE #600 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWEENEY, PHILIP 5200 BLUE LAGOON DRIVE, SUITE 600 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without a like empowered.			
* SIGNATURE: <u>Alfred R. Paliani, President</u>		Date <u>3-26-08</u> Daytime Phone # <u>631-439-2316</u>	