## FILED Apr 03, 2008 8:00 am Secretary of State 04-03-2008 90024 006 \*\*\*\*61.25

## 2008 NOT-FOR-PROFIT CORPORATION

		MNUAL	KEF	JKI				•					
DOCUMENT # N0500004554  1. Entity Name AMERICAN FREE TRADE ASSOCIATION, INC.													
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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			,		40058045					
Principal Place of Business - No P.O. Box # 3. Mailing Address						·	·						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					03052008	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State					4. FEI Numbe 13-3140				olied For Applicable	
Zip	Сои	Zip Cou			untry		5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
PEREZ, LAUREN V						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 600						Sieter Adulass (P.O. Bux Number is Not Acceptable)							
MIAMI, FL	33126				City	City			Zip Code				
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<ol> <li>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 lamiliar vith, and accept the obligations of registered agent.</li> </ol>													
PICNATURE													
SIGNATURE Signacuse, hipped or printed name of registered agent and side a applicable. (PIOTE: Registered Agent signature required when reinstating)  DATE													
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fir Trust Fund Contribution							<u> </u>	\$5.00 May B Added to Fees		lake check rida Depari			
10.		FFICERS AND DIR	ECTORS	- <u>-</u>	11.			ADDITIONS/CHA	ANGES TO OFFICE	RS AND DI			
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STREET ADDRESS						REET ADORESS NY+ST+ZIP							
12. hereby	certily that the inform	ation supplied with	this liling d	oes not qualify f	or the ex	remotions c	ontaine	d in Chapter 119	, Florida Statutes.	l further cert	ily that the ir	lormation	
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 cath; 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, whithall appendix empowered.													
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*SIGNAT	UKE:	ATUREAND TYPED OR	PRINTED NAME	OF SIGNING OFFICE	R OR DIRE	c10#	<u>٠</u> /٠	VV1)	Cate	<i>U</i> 6	OO/ Daysime Prope s	2311	