

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 11, 2008  
Secretary of State**

DOCUMENT# N07000009631

Entity Name: NINOS POR LA PAZ, INC.

**Current Principal Place of Business:**18501 PINES BLVD SUITE 300  
PEMBROKE PINES, FL 33029**New Principal Place of Business:**18501 PINES BLVD  
PEMBROKE PINES, FL 33029**Current Mailing Address:**18501 PINES BLVD SUITE 300  
PEMBROKE PINES, FL 33029**New Mailing Address:**18501 PINES BLVD  
PEMBROKE PINES, FL 33029

FEI Number: 26-1839984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**WEST INTERNATIONAL CONSULTING, LLC  
18501 PINES BLVD SUITE 337  
PEMBROKE PINES, FL 33029 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: P ( ) Delete  
Name: PEREZ, MARCOS  
Address: 18501 PINES BLVD SUITE 300  
City-St-Zip: PEMBROKE PINES, FL 33029Title: V ( ) Delete  
Name: NICOLAIDES, DAYSI M  
Address: 18501 PINES BLVD SUITE 300  
City-St-Zip: PEMBROKE PINES, FL 33029Title: T (X) Delete  
Name: PEREZ, MARCOS  
Address: 18501 PINES BLVD SUITE 300  
City-St-Zip: PEMBROKE PINES, FL 33029**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: PEREZ GARCIA, MARIO  
Address: 18501 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33029Title: V (X) Change ( ) Addition  
Name: NICOLAIDES, DAYSI M  
Address: 18501 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33029Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MP \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PD

06/11/2008

Date