2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50169

FILED Jan 22, 2009 Secretary of State

Entity Name: THE GUATEMALAN-MAYA CENTER, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
110 NORT	H F STREET				
	RTH, FL 33460) US			
Current Mailing Address:			New Maili	New Mailing Address:	
<i>Y</i> NNEX	H F STREET				
	RTH, FL 33460) US			
El Number:	: 65-0355018	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
701 NORT SUITE 209					
	LM BEACH, FL				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Nddress: Dity-St-Zip:	D () O'LOUGHLIN, FI 1439 CERTOSA CORAL GABLES	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Nddress: Dity-St-Zip:	CANO, MARTHA 5005 PAPRIKA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Jame: Address: Dity-St-Zip:	DIAMANTIS, EM 2139 PALM BEA	Delete ILIO ICH LAKES BLVD. EACH, FL 33409 US	Title: Name: Address: City-St-Zip:	D (X) Change () Addition DIAMANTIS, EMILIO 2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 US	
Title: Name: Nddress: Dity-St-Zip:	CAMPOSECO,	LE ROAD, APT D-1	Title: Name: Address: City-St-Zip:	ED (X) Change () Addition AMBROISE-SMITH, EMELYNE 203 2ND COURT PALM BEACH GARDENS, FL 33410 US	
Title: Name: Address: Dity-St-Zip:	ANNE, ALBANES 221 PINE HOV (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Nddress: Dity-St-Zip:	BROWN, CLIFF	LOGY, 777 GLADES ROAD	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BROWN, CLIFF PH.D. FAU ANTHROPOLOGY, 777 GLADES ROAD BOCA RATON, FL 33431 US	

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: EMELYNE AMBROISE-SMITH ED 01/22/2009