2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 757041

Entity Name: ESTAMPAS DE COLOMBIA, INC.

Current Principal Place of Business:

1527 S.W. 20 AVENUE
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

1527 S.W. 20 AVENUE
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 59-2635480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOVAR, GUSTAVO
1527 S.W. 20 AVENUE
MIAMI, FL 33145 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: PD ( ) Delete
Name: TOVAR, GUSTAVO
Address: 1527 SW 20 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: V ( ) Delete
Name: ARICAPE, LIBARDO
Address: 3501 WEST 73 STREET
City-St-Zip: HIALEAH, FL 33016

Title: TD ( ) Delete
Name: HIGGINS, GINA
Address: 19831 NW 86 COURT
City-St-Zip: MIAMI, FL 33015

Title: VT ( ) Delete
Name: TOVAR, GUSTAVO
Address: 1527 SW 20 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: S ( ) Delete
Name: TOVAR, MARIA L
Address: 1527 SW 20 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: SANCHEZ, LIGIA
Address: 13852 SW 46 LANE
City-St-Zip: MIAMI, FL 33175

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 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: GUSTAVO TOVAR PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date