

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90151 043 \*\*\*\*61.25

<b>DOCUMENT # 770351</b>	
1. Entity Name	
AMERICAN FRIENDS OF GUATEMALA, INC.	



Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD. <del>#920</del> MIAMI FL 33156 US	9200 S. DADELAND BLVD. <del>#920</del> MIAMI FL 33156 US

2. Principal Place of Business	3. Mailing Address
9200 S DADELAND BLVD.	9200 S DADELAND BLVD
Suite, Apt. #, etc. SUITE 410	Suite, Apt. #, etc. SUITE 410

City & State	City & State
MIAMI FL.	MIAMI FL
Zip	Zip
33156	33156
Country	Country
USA	USA



1st MOORE CR2E037 (10/04)

4. FEI Number	59-2340011	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAIZ, FERNANDO 9200 S. DADELAND BLVD. SUITE <del>320</del> MIAMI FL 33156	PAIZ FERNANDO Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD SUITE 410 City MIAMI FL Zip Code 33156

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 FERNANDO PAIZ (NOTE: Registered agent signature required when reinstating) DATE APRIL 28/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	PSD PAIZ, FERNANDO (AST.SEC) <input type="checkbox"/> Delete 9200 SOUTH DADELAND BLVD., SUITE <del>410</del> 410 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RELAYO, AMIE <input checked="" type="checkbox"/> Delete 2150 NW 70 AVENUE MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAUDIA DE OLIVEIRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9200 S DADELAND BLVD SUITE 410 MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAMPOLLO, LUIS <input type="checkbox"/> Delete 9200 SOUTH DADELAND BLVD., SUITE <del>320</del> 410 MIAMI FL 33156	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
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 exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: FERNANDO PAIZ

APRIL 28/05 (305) 6709292

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #