2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 770351

1. Entity Name
AMERICAN FRIENDS OF GUATEMALA, INC.

Principal Place of Business	Mailing Address
9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 US	9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2340011
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAIZ, FERNANDO
9200 S. DADELAND BLVD.
SUITE 410
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PAIZ, FERNANDO (AST.SEC)
STREET ADDRESS	9200 S DADELAND BLVD, STE 410
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VPD
NAME	CAMPOLLO, LUIS
STREET ADDRESS	9200 S DADELAND BLVD, ST 410
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD
NAME	DE OLIVEIRA, CLAUDIA
STREET ADDRESS	9200 S DADELAND BLVD, STE 410
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000548810
05/12/06-80078-019 61.25

DO NOT WRITE IN THIS SPACE

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 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 4/27/06 (305)6709292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #