

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

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DOCUMENT # 770351					
1. Entity Name AMERICAN FRIENDS OF GUATEMALA, INC.					
Principal Place of Business 9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 US			Mailing Address 9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 US		
2. Principal Place of Business - No P.O. Box # 9200 South Dadeland Blvd.		3. Mailing Address 9200 South Dadeland Blvd.			
Suite, Apt. #, etc. Suite 410		Suite, Apt. #, etc. Suite 410			
City & State Miami, FL		City & State Miami, FL			
Zip 33150	Country USA	Zip 33150	Country USA		
6. Name and Address of Current Registered Agent PAIZ, FERNANDO 9200 S. DADELAND BLVD. SUITE 410 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name <u>Fernando Paiz</u> Street Address (P.O. Box Number is Not Acceptable) <u>9200 South Dadeland Blvd. suite 410</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33150</u>		
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 <u>Fernando Paiz</u> DATE <u>February 29, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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) 9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 <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	VPD CAMPOLLO, LUIS 9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Anabella Schloesser de Paiz 18 calle 13 - so zona 10 Guatemala City, 01010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DE OLIVEIRA, GLAUCIA 9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY Laura Readmore 18 calle 13 - so zona 10 Guatemala City, 01010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Fernando Joaquin Paiz Deborah, Dr. Walpole, MA 02061, USA <input type="checkbox"/> Change <input checked="" 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 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: <u>[Signature]</u>			February 29, 2008 (305) 6709292		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		