2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# F04000000853

Entity Name: COLEGIO LATINO AMERICANO, INC.

Current Principal Place of Business:

MANUEL LAMADRID BARRIOS/JOSE C. ZIRENA
P.O. BOX 52-7900
MIAMI, FL 331527900

New Principal Place of Business:

MIGUEL ANGEL FRANCO/JOSE C. ZIRENA
P.O. BOX 52-7900
MIAMI, FL 331527900

Current Mailing Address:

MANUEL LAMADRID BARRIOS/JOSE C. ZIRENA
P.O. BOX 52-7900
MIAMI, FL 331527900

New Mailing Address:

MIGUEL ANGEL FRANCO/JOSE C. ZIRENA
P.O. BOX 52-7900
MIAMI, FL 331527900

FEI Number: 37-1486645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIRENA, JOSE C
5465 NW 36 STREET
MIAMI, FL 33166 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: P ( ) Delete
Name: SANCHEZ, LUIS
Address: APARTADO AEREO 2914
City-St-Zip: CARTAGENA, COLOMBIA,

Title: V ( ) Delete
Name: LAMADRID, BARRIOS M
Address: APARTADO AEREO 2914
City-St-Zip: CARTAGENA, COLOMBIA,

Title: S ( ) Delete
Name: FRANCO, MIGUEL A
Address: APARTADO AEREO 2914
City-St-Zip: CARTAGENA, COLOMBIA,

Title: D ( ) Delete
Name: NARANJO, JUAN
Address: APARTADO AEREO 2914
City-St-Zip: CARTAGENA, COLOMBIA,

Title: D ( ) Delete
Name: MELENDEZ, RUTH D
Address: APARTADO AEREO 2914
City-St-Zip: CARTAGENA, COLOMBIA,

Title: D ( ) Delete
Name: RAMOS, DORIA D
Address: APARTADO AEREO 2914
City-St-Zip: CARTAGENA, COLOMBIA,

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 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: MIGUEL ANGEL FRANCO S 04/18/2006

Electronic Signature of Signing Officer or Director — Date