

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005987

FILED
Mar 02, 2005
Secretary of State

Entity Name: COMPANEROS DE POQEN KANCHAY, INC.

Current Principal Place of Business:

851 SATURN STREET
UNIT F
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

851 SATURN STREET
UNIT F
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 65-1037961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTER, SUSAN L
851 SATURN STREET
UNIT F
JUPITER, FL 33477 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/D () Delete
Name: WELLS, ANNE PHD
Address: C/O AMB FOUNDATION,P.O. BOX 710695
City-St-Zip: HERNDON, VA 20171

Title: VP/D () Delete
Name: PAREDES, THEO PHD
Address: CASILLA 220
City-St-Zip: CUSCO, PE PERU PE

Title: S/D () Delete
Name: HERRELL, DIANE
Address: 58 LAWNDALE
City-St-Zip: MT CLEMENS, MI 48045

Title: T/D () Delete
Name: DANTO, GAIL
Address: 3225 DEVON BROOK DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: B.M. () Delete
Name: ROFFEY, ART PHD
Address: 3225 DEVON BROOK DRIVE
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: MAL () Delete
Name: KOSTER, SUSAN L
Address: 851 SATURN STREET, UNIT F
City-St-Zip: JUPITER, FL 33477

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
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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 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 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: SUSAN L. KOSTER

MAL

03/02/2005

Electronic Signature of Signing Officer or Director

Date