NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007360

1. Entity Name
American Foundation Pro Democracy Inc

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2. Principal Place of Business	3. Mailing Address
101 SW 15 Rd.	101 SW 15 Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33129 Country: US	Zip: 33129 Country: US

4. FEI Number 65-1147622 [X] Applied For [ ] Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Martha Lima

Street Address (P.O. Box Number is Not Acceptable): 101 SW 15 Rd.

City: Miami FL Zip Code: 33129

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.

SIGNATURE: [signature] DATE

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

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	TITLE	
NAME	Eugenio Llamera	NAME	
STREET ADDRESS	642 SW 10 ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33130	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	Orlando Loli	NAME	
STREET ADDRESS	848 Brickell Ave. #830	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	S/D	TITLE	
NAME	Luis Aguirre	NAME	
STREET ADDRESS	101 SW 15 Rd.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE	T/D	TITLE	
NAME	Pedro D. Mena	NAME	
STREET ADDRESS	16020 Opal Creek	STREET ADDRESS	
CITY-ST-ZIP	Weston, FL 33331	CITY-ST-ZIP	
TITLE	D/CEO	TITLE	
NAME	Martha Lima	NAME	
STREET ADDRESS	101 SW 15 Rd.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #