


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 2:23

DOCUMENT # N01000001648 1. Entity Name PANAMERICAN UNION OF FRIENDS OF THE U.S.A., INC.					
Principal Place of Business 8160 S.W. 210 ST. #413 MIAMI, FL 33189			Mailing Address 8160 S.W. 210 ST. #413 MIAMI, FL 33189		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1084127	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO 8160 S.W. 210 ST. #413 MIAMI, FL 33189			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 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	PD RODRIGUEZ, ANTONIO 8160 S.W. 210 ST. #413 MIAMI, FL 33189 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400136984734 10/16/08--01044--013 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, ALONDRA M 8160 S.W. 210 ST. #413 MIAMI, FL 33189 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mrs. Mónica Baltodano same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1SD RODRIGUEZ, JULIA A 8160 S.W. 210 ST. #413 MIAMI, FL 33189 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400136984734 10/16/08--01044--014 **\$5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Srta. de RR. Cristianas same Mrs. Alondra Maria Martinez <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400136984734 10/16/08--01044--015 **\$8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Ariel Martinez Sra de RR. Politicas same <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 P.2. 10/14/08	
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>Antonio D. Rodriguez</u> SI 09-09-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Panamerican Union of Friends of U.S.A. inc.

Ref. Number N01000001648

Attn. Tyrone Scott, Regulatory Specialist II
Letter Number 308A00049893
of 09/12/08

Officer/Director

Antonio Rodríguez
Director

Mònica Baltodano
Tesorera

Julia Rodríguez
Secretaria Ejecutiva

Alondra Ma. Martínez
Sri. de RR. Cristianas

Ariel Martínez
Srio. de RR. Políticas