2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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06 HAR 31 PH 2:48 DOCUMENT # N01000002209 POR LA DEMOCRAÇIA ONG. INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address SHENANDOAH STATION SHENANDOAH STATION P.O. BOX 45-1624 P.O. BOX 45-1624 MIAMI, FL 33245-1624 MIAMI, FL 33245-1624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chq-NP CR2E037 (11/05) 4. FEI Number 65-1090956 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMEZ, LIONEL Street Address (P.O. Box Number is Not Acceptable) 2154 S.W. 14 TERRACE SUITE 1 MIAMI, FL 33145 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. п Added to Fees Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Ede Botfalusi-Stock Change TITLE Delete TETL F VERDAGUER, ROBERTO NAME NAME 2154 SW 14 Terr # 1 Miami, FL 33145 2154 S.W. 14 TERRACE -SUTIE 1 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 ☐ Change Addition Ð X Delete TITLE órlando Abello GRAVRIER, JOSE J NAME NAME 2154 8W 14 Terr. #1 2154 S.W. 14 TERRACE -SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FL 33145 CITY-ST-ZIP MIAMI, FL 33145 Hiami DIP TILE ☐ Delete TITLE GOMEZ, LIONEL NAME NAME 2154 S.W. 14 TERRACE -SUITE 1 STREET ADDRESS 100069971171 STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP 04/10/06--01080--014 **5 CITY-ST-ZIP D/v Delete TITLE Change ☐ Addition TITLE waldo FAURA NAME NAME 2154 5W 14 Terr. # 1 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP <u>Miami, FL 33145</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition Josefina Gonzalez NAME NAME 2154 SW 14 Terr. #1 STREET ADDRESS STREET ADDRESS Miami, FL 33145 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE LUIS PINO Terr. #1 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FL 33145 Hiami 12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #