



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002525</b>			
1. Entity Name <b>PEACE AND HOPE FOR THE CHILDREN OF COLOMBIA INC.</b>			
Principal Place of Business <b>4315 ROYAL PALM AVENUE MIAMI BEACH, FL 33140</b>		Mailing Address <b>4315 ROYAL PALM AVENUE MIAMI BEACH, FL 33140</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04272006 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>65-1095993</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIERRA, ALEXANDRA 4315 ROYAL PALM AVENUE MIAMI BEACH, FL 33140</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <u>Alexandro Sierra</u> <u>Alejandro Sierra</u> <u>04/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SIERRA, VIRGILIO		
STREET ADDRESS	4315 ROYAL PALM AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	D		
NAME	SIERRA, ALEXANDRA		
STREET ADDRESS	4315 ROYAL PALM AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	D		
NAME	SIERRA, JENNIFER		
STREET ADDRESS	4315 ROYAL PALM AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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>Alejandro Sierra</u>		<u>04/28/06</u> <u>3052810A5</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	