

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000442

FILED
Apr 26, 2005
Secretary of State

Entity Name: CONFERENCIA LATINOAMERICANA DE COMPANIAS EXPRESS, INC.

Current Principal Place of Business:

1212 MARIANA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1212 MARIANA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 75-2984785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPLAN, FRANKLIN H ESQ.
BERGER SINGERMAN, P.A.
200 S. BISCAYNE BLVD., SUITE 1000
MIAMI, FL 33313 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: D () Delete
Name: PINSON, PABLO
Address: 8400 SW 10 ST STC
City-St-Zip: FORT LAUDERDALE, FL 33329

Title: D () Delete
Name: BUTLER, IAN
Address: 2230 NW 29 AVE STE 103
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: GUEVERA, ANA
Address: 14701 NW 77TH AVE
City-St-Zip: MIAMI LAKES, FL 330142559

Title: D () Delete
Name: SANTEIRO, FRANCISCO X
Address: 701 WATERFORD WAY STE 1000
City-St-Zip: MIAMI, FL 33126

Title: D (X) Delete
Name: CONNOLLY, MICHAEL
Address: 1313 FOURTH AVE
City-St-Zip: NEW HYDE PARK, NY 11040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DONOSO, HUGO
Address: 2230 NW 29 AVE STE 103
City-St-Zip: MIAMI, FL 33122

Title: () Change () Addition
Name:
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: MANUEL ARAGON

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date