2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# N02000001281

Entity Name: NICARAGUAN AMERICAN ALLIANCE, INC.

Current Principal Place of Business:

201 NW 7TH STREET
#109
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

201 NW 7TH STREET
#109
MIAMI, FL 33136

New Mailing Address:

PO BOX 351463
MIAMI, FL 33135

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ARCE, JUAN F JR
201 NW 7TH STREET
#109
MIAMI, FL 33136

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: C/P ( ) Delete
Name: D'ARCE, JUAN F JR
Address: 201 NW 7TH STREET #109
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete
Name: CERNA, LUIS A JR
Address: 1458 SW 174TH TERRACE
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: VARGAS, MARIO
Address: 14042 SW 176TH TERRACE
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: CERNA, NIDIA
Address: 10932 SW 3RD STREET #2-C
City-St-Zip: SWEETWATER, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JUAN F. D'ARCE, JR. C/P 05/02/2004

Electronic Signature of Signing Officer or Director — Date