

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002929

FILED
Mar 14, 2007
Secretary of State

Entity Name: LAS BRUMAS JINOTEGAN-AMERICAN FOUNDATION, INC.

Current Principal Place of Business:

2800 NW 99TH AVENUE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2800 NW 99TH AVENUE
MIAMI, FL 33172

New Mailing Address:

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

Name and Address of Current Registered Agent:

MOREIRA, ELSA M
2800 NW 99TH AVENUE
MIAMI, FL 33172 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: PD () Delete
Name: CHAVARRIA, ALLAN
Address: 15724 SW 85 LN.
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: MARTINEZ, GONZALO
Address: 7185 W 31 AVE.
City-St-Zip: HIALEAH, FL 33018

Title: TREA () Delete
Name: CHAVARRIA, CLAUDIA
Address: 15724 SW 85 LN.
City-St-Zip: MIAMI, FL 33193

Title: SECR () Delete
Name: MOREIRA, ELSA
Address: 2800 NW 99 AVE.
City-St-Zip: MIAMI, FL 33172

Title: FISC () Delete
Name: ZELEDON, SERGIO
Address: 15955 SOUTHWEST 81 STREET
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: LLEWELLYN, EVELYN
Address: 81 CARLISLE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

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
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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 Chapter 119, 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: ELSA M. MOREIRA

SEC

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date