

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007718

FILED
Jan 09, 2004
Secretary of State**Entity Name:** INSTITUTE FOR GOVERNABILITY DEVELOPMENT .INC.**Current Principal Place of Business:**1620NW4ST
APT. 19
MIAMI,, FL 33125 US**New Principal Place of Business:****Current Mailing Address:**1620NW4ST
APT. 19
MIAMI, FL 33125 US**New Mailing Address:****FEI Number:** 11-3673261 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOPEZ, JUAN J
1620 NW 4ST
APT.19
MIAMI,, FL 33125 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: LOPEZ, JUAN J
Address: 1620 NW 4ST APT.19
City-St-Zip: MIAMI, FL 33125 US**Title:** VPD () Delete
Name: SERRANO, NATHALIA A
Address: 1620 NW 4ST APT.19
City-St-Zip: MIAMI, FL 33125 US**Title:** VP () Delete
Name: GAMBOA, LARRY M
Address: 1620 NW 4ST APT.19
City-St-Zip: MIAMI, FL 33125 US**Title:** VP () Delete
Name: DOMINGUEZ, SANTOS O
Address: 1620NW4ST APT.19
City-St-Zip: MIAMI, FL 33125 US**Title:** D () Delete
Name: ANGEL, FERRER J
Address: 9835 SW 72 ST. #210
City-St-Zip: MIAMI, FL 33173**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:**Title:** VP (X) Change () Addition
Name: PRADO, ORLANDO
Address: 1620NW4ST # 19
City-St-Zip: MIAMI, FL 33125

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 J. LOPEZ

PTE

01/09/2004

Electronic Signature of Signing Officer or Director_____
Date