2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N02000008297

Entity Name: FUNDACION SENDEROVERDE, INC.

Current Principal Place of Business:

P.O. BOX 347872
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 347872
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 05-0537733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLO, ORLANDO L
141 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: POLO, ORLANDO L
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: PAEZ-POLO, MERCEDES
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: MACHADO, LILY
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: FERNANDEZ, MANNY
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SUAREZ, PEDRO
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: VELASQUEZ, EMILIO
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: MATUS, NANCY
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D ( ) Change (X) Addition
Name: SIERCKE, CARLOS
Address: P.O. BOX 347872
City-St-Zip: CORAL GABLES, FL 33134

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: ORLANDO L. POLO PD 04/30/2006

Electronic Signature of Signing Officer or Director — Date