2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000231

FILED Sep 09, 2004 Secretary of State

Entity Name: ASOCIACION DE EX-ALUMNOS DEL COLEGIO AMERICA DEL CALLAO EN LOS ESTADOS UNIDOS,

Current Principal Place of Business: New Principal Place of Business:

12120 NE 6TH AVE 13921 SW 109 ST MIAMI, FL 33186

NORTH MIAMI, FL 33161

New Mailing Address: Current Mailing Address:

13921 SW 109 ST 12120 NE 6TH AVE MIAMI, FL 33186 NORTH MIAMI, FL 33161

FEI Number: 52-1776775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTOYA, LUCY G MONTOYA, LUCY G 13921 SW 109 ST 12120 NE 6TH AVE MIAMI, FL 33186 US NORTH MIAMI, FL 33161 US

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: 09/09/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MONTOYA, LUCY G MONTOYA, LUCY G Name: Name: 1210 NE 6TH AVE # 13 Address: 15710 E WATERSIDE CIRCLE 103 Address:

NORTH MIAMI, FL 33161 City-St-Zip: City-St-Zip: SUNRISE, FL 33326

Title: Title: (X) Change () Addition () Delete CARRASCO, CARLOS F Name: ZEVALLOS, JOSE L Name:

Address: 17926 SW 10 LANE Address: 10424 SW 188 PL City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: () Change () Addition

CHAVEZ, MARIA Name: Name: 13921 SW 109 ST. Address: Address: City-St-Zip: MIAMI, FL 33186 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: LUCY MONTOYA S 09/09/2004