

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 11, 2005
Secretary of State**

DOCUMENT# N03000002117

Entity Name: ALIANZA DEMOCRATICA DE LAS AMERICAS, INC.

Current Principal Place of Business:

5040 N.W. 7TH STREET
SUITE #800
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 N.W. 7TH STREET
SUITE #800
MIAMI, FL 33126

New Mailing Address:

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

Name and Address of Current Registered Agent:

GONZALEZ, JOSE I
5040 N.W. 7TH STREET
SUITE #800
MIAMI, FL 33126 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: JOSE I. GONZALEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GONZALEZ, JOSE I
Address: 6555 NORTHWEST 36TH STREET, SUITE 304
City-St-Zip: MIAMI, FL 33166

Title: DT () Delete
Name: FUENTES-CID, PEDRO J
Address: 6555 NORTHWEST 36TH STREET, SUITE 304
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: SIERRA, BEATRIZ
Address: 5040 N.W. 7TH STREET, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: MARTINEZ, JOSE A
Address: 5040 N.W. 7TH STREET, SUITE 800
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: GALLARRETA, JOSE LUIS G
Address: 5040 N.W. 7TH STREET, SUITE 800
City-St-Zip: MIAMI, FL 33126

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: () 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: JOSE I. GONZALEZ

DP

04/11/2005

Electronic Signature of Signing Officer or Director

Date