2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004602

FILED Apr 05, 2005 Secretary of State

Entity Name: GSM LATIN AMERICA ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** ALICIA MOREAU DE JUSTO 50, PISO R, ALA NORTE BUENOS AIRES ARGENTINA, AR CP 1107 OC **New Mailing Address: Current Mailing Address:** 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 FEI Number: 98-0399185 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: INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DE LISSICICH, MARCO Name: Name: ALICIA MOREAU DE JUSTO50 PISO R, ALA NORTE Address: Address: City-St-Zip: BUENOS AIRES ARGENTINA, AR CP1107 OC City-St-Zip: Title: DVST () Delete Title: () Change () Addition Name: JIL, JUAN CARLOS Name: Address: ALICIA MOREAU DE JUSTO50 PISO R. ALA NORTE Address: City-St-Zip: BUENOS AIRES ARGENTINA, AR CP1107 OC City-St-Zip: Title: () Delete Title: (X) Change () Addition SEPULVEDA, CRISTIAN Name: SEPULVEDA, CRISTIAN Name: AVE. ANDRES BELLO 2711, PISO 14, LAS AVE. ANDRES BELLO 2711, PISO 14, LAS Address: Address: City-St-Zip: CONDES SANTIAGO, CHILE, CH SANTIAGE CH City-St-Zip: CONDES SANTIAGO, CHILE, CH SANTIAGO CH

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: MARCO DE LISSICICH DP 04/05/2005