



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004602 1. Entity Name GSM LATIN AMERICA ASSOCIATION, INC.						FILED 07 MAY 14 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA																				
Principal Place of Business 1985 NW 88TH COURT SUITE 201 MIAMI, FL 33172 US		Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 US		 03292007 Chg-NP CR2E037 (12/06)		4. FEI Number 98-0399185		Applied For <input type="checkbox"/> Not Applicable																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																		
City & State		City & State						6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																
Zip Country		Zip Country						8. 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. I am familiar with, and accept the obligations of registered agent.																		
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 5-11-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																				
TITLE: DPC <input type="checkbox"/> Delete NAME: FLOGEL, OLIVER STREET ADDRESS: EL BOSQUE SUR 90M, PISO 12, LAS CONDES CITY-ST-ZIP: SANTIAGO, CHILE, CH XXXXX			TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Sepulveda, Cristian STREET ADDRESS: Av. Andres Bello 2711, 15th Floor CITY-ST-ZIP: Las Condes Santiago, Chile			TITLE: DVST <input type="checkbox"/> Delete NAME: JIL, JUAN CARLOS STREET ADDRESS: AV. ANDRES BELLO 2711, PISO 6, LAS CONDES CITY-ST-ZIP: SANTIAGO, CHILE, CH XXXXX			TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: NICOLAU, JORGE STREET ADDRESS: APARTADO 832-1408 WORLD TRADE CENTER CITY-ST-ZIP: PANAMA CITY, PANAMA, PA XXXXX			TITLE: DVC <input type="checkbox"/> Delete NAME: NOYA, GUGLIELMO STREET ADDRESS: AV. ALICIA M. DE JUSTO 50, 5TH FLOOR CITY-ST-ZIP: BUENOS AIRES, ARGENTINA, AR C1107AAB			TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: ERLICH, MARCELO STREET ADDRESS: GUATEMALA 1075, PISO 20 CITY-ST-ZIP: MONTEVIDEO, URUGUAY, UR 11800102			TITLE: D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PEREIRA DE MORAES, ALVARO STREET ADDRESS: AV. DE LAS AMERICAS 3434 BLOCO 1 ANDAR 7 CITY-ST-ZIP: RIO DE JANEIRO, BRAZIL, BR 22640			300103096249 05/23/07--01013--017 **61.25			K. Eckel MAY 14 2007		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																										
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date: 27/04/2007			Daytime Phone #																	