2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N03000007208

Entity Name: CHILEAN USA FOUNDATION, INC.

Current Principal Place of Business:

9582 S.W. 40TH STREET
SUITE 4
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9582 S.W. 40TH STREET
SUITE 4
MIAMI, FL 33165

New Mailing Address:

FEI Number: 43-2025957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARENAS, ROBERTO
8182 SW 163RD AVENUE
MIAMI, FL 33193 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: ARENAS, ROBERTO
Address: 8182 SW 163RD AVENUE
City-St-Zip: MIAMI, FL 33193

Title: VD ( ) Delete
Name: CANALES, NELVA
Address: 12721 SW 38TH STREET
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete
Name: ARENAS, PATRICIA
Address: 8182 SW 163RD AVENUE
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete
Name: SANCHEZ, JOAQUIN
Address: 12721 SW 38TH STREET
City-St-Zip: MIAMI, FL 33175

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:

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: ROBERTO ARENAS PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date