2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010408

FILED Apr 14, 2009 Secretary of State

Entity Name: AMERICAN CHAMBER OF COMMERCE, INC.

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

5661 SW 129 PL MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

5661 SW 129 PL MIAMI, FL 33183

FEI Number: 61-1460511 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:

HAYES, KRISTINA J MS. 5661 SW 129 PL MIAMI, FL 33183 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:

Clashania Cinnahura of Davietana d Anaut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 HAYES, KRISTINA J MS.
 Name:
 HAYES, JOSEFINA MS.

 Address:
 5661 SW 129 PL
 Address:
 5661 SW 129 PL

 Address:
 5661 SW 129 PL
 Address:
 5661 SW 129 PL

 City-St-Zip:
 MIAMI, FL 33183 US
 City-St-Zip:
 MIAMI, FL 33183 US

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

 Name:
 ARANGO, CONSUELO MRS.
 Name:

 Address:
 5661 SW 129 PL
 Address:

 City-St-Zip:
 MIAMI, FL 33183 US
 City-St-Zip:

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

 Name:
 MELENEZ, DORLISKA MRS.
 Name:

 Address:
 13320 SW 119 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33183 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEFINA HAYES PRES 04/14/2009