


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03269 1. Entity Name CONSEJO COORDINADOR DE LAS AMERICAS, INC.	
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Principal Place of Business 801 BRICKELL BAY DR APT #861 MIAMI, FL 33131 US	Mailing Address 801 BRICKELL BAY DR APT #861 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2424303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  AGUIRRE, NICOLAS 801 BRICKELL BAY DR APT #861 MIAMI, FL 33131
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000355350  
 05/03/05-80144-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIRRE, NICOLAS 801 BRICKELL BAY DR APT #861 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, HENRY 13121 S W 70 AVE PINE CREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATTISTI, ARCELIA D 3640 YATCH CLUB DR #1601 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEJIA, EDUARDO 230 PARK ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Nicolas Aguirre **NICOLAS AGUIRRE** Apr/28, 05 786-7770630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #