
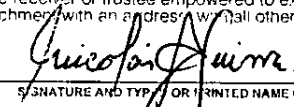


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03269</b> 1. Entity Name CONSEJO COORDINADOR DE LAS AMERICAS, INC.			
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	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04242007 No Chg-NP CR2E037 (4/06)	
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		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<p>U00000739009 05/14/07-80006-024 61.25</p> <b>DO NOT WRITE IN THIS SPACE</b>	
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			
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:  <b>NICOLAS AGUIRRE</b>		4/23/07 786-7770030 <small>Date Daytime Phone #</small>	