

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N03269**

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**



04012008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2424303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AGUIRRE, NICOLAS  
801 BRICKELL BAY DR APT #861  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000881662  
04/16/08-80010-012 61.25

10. OFFICERS AND DIRECTORS

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

*Nicolas Aguirre, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

786-7770030

Daytime Phone #