

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2009
Secretary of State**

DOCUMENT# N03269

Entity Name: CONSEJO COORDINADOR DE LAS AMERICAS, INC.

Current Principal Place of Business:

801 BRICKELL BAY DR
APT #861
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

801 BRICKELL BAY DR
APT #861
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-2424303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUIRRE, NICOLAS
801 BRICKELL BAY DR APT #861
MIAMI, FL 33131 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: AGUIRRE, NICOLAS
Address: 801 BRICKELL BAY DR APT #861
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: GEORGE, HENRY
Address: 13121 S W 70 AVE
City-St-Zip: PINE CREST, FL 33156

Title: D () Delete
Name: BATTISTI, ARCELIA D
Address: 3640 YATCH CLUB DR #1601
City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete
Name: MEJIA, EDUARDO
Address: 230 PARK ST
City-St-Zip: MIAMI, FL 33166

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 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: NICOLAS AGUIRRE

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date