

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

**FILED  
Feb 01, 2007  
Secretary of State**

DOCUMENT# N04000001589

**Entity Name:** THE ASSOCIATION FOR THE ADVANCEMENT OF THE AMERICAS, INC

**Current Principal Place of Business:**

3509 SW 113 PLACE  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

3509 SW 113 PLACE  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 20-0760921      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, ABDALA  
3509 SW 113 PLACE  
MIAMI, FL 33165      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: FERNANDEZ, ABDALA  
Address: 3509 SW 113 PLACE  
City-St-Zip: MIAMI, FL 33165

Title: TD      ( ) Delete  
Name: LAURENT, FRESNEL  
Address: 498 NW 165 STREET. #604D  
City-St-Zip: MIAMI, FL 33169

Title: SVD      ( ) Delete  
Name: ESCARRA, RAYMUNDO F  
Address: 2551 SW 2 ST  
City-St-Zip: MIAMI, FL 33135

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ABDALA FERNANDEZ

PD

02/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date