

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003288

FILED
Mar 13, 2008
Secretary of State

Entity Name: COUNCIL OF BI-NATIONAL CHAMBERS OF COMMERCE OF THE AMERICAS INC

Current Principal Place of Business:

3729 SOUTH LONGFELLOW CIRCLE
HOLLYWOOD, FL 33021 AR

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310038
MIAMI, FL 33231

New Mailing Address:

FEI Number: 65-0666735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNAUD, MARY B
3729 SOUTH LONGFELLOW CIRCLE
HOLLYWOOD, FL 33021 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: T () Delete
Name: ARNAUD, MARY B
Address: 3729 SOUTH LONGFELLOW CIRCLE
City-St-Zip: HOLLYWOOD, FL 33021 AR

Title: S () Delete
Name: HENTSCHEL, ELBA
Address: 7001 S.W. 97 AVENUE, C/O AMEDEX
City-St-Zip: MIAMI, FL 33173

Title: P () Delete
Name: BARROS, PIEDAD
Address: 95 MERRACK WAY, #106
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: ISAIAS, JUAN CARLOS
Address: 1390 BRICKELL AVENUE, #200
City-St-Zip: MIAMI, FL 33131

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: MARY B. ARNAUD

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03/13/2008

Electronic Signature of Signing Officer or Director

Date