2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 12, 2007 08:00 A Secretary of State DOCUMENT # N0400005795 1. Entity Namo CIRCULO FUERZAS AMIGAS INC. Principal Place of Business Mailing Address 660 NW 124 PLACE 660 NW 124 PLACE MIAMI FL 33182 MIAMI FL 33182 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 55-0907334 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDILBERTO, MIR Street Address (P.O. Box Number is Not Acceptable) 660 NW 124 PLACE MIAMI FL 33182 City Zip Code 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 this if applicable. (NOTE: Registered Agen) signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME EDILBERTO, MIR NAME U00000703386 04/20/07-80138-013 61.25 STREET ADDRESS STREET ADDRESS 660 NW 124 PLACE CHY-SI-ZIP CITY-ST-ZIP MIAMI FL 33182 TLT1F Delete TITLE ☐ Change Addition NAME PAGAN, PABLO NAME STREET ADDRESS 13396 SW 11 LANE STREET ADDRESS CITY - ST-ZIP MIAMI FL 33184 CHY-ST-7/P TITLE Delete □ Change Addition NAME PALENZUELA, XENIA NAME STREET ADDRESS STREET ADDRESS 10200 SW 107 STREET CITY - ST - ZIP CITY-ST-ZIP MIAMI FL 33176 HILLE ☐ Delete HHE Change Addition Addition NAME NAME ORTIZ, CANDIDA STREET ADDRESS STREET ADDRESS 13396 SW 11 LANE CITY - ST- ZIE CITY-ST-ZIP MIAMI FL 33184 TITLE ☐ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY+SF-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

(305)225-0398