## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008794

Entity Name: BIBLIOTECAS INDEPENDIENTES, INC.

FILED Jan 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2828 CORAL WAY 2264 NW 94 AVE SUITE 200 DORAL, FL 33172 MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

2828 CORAL WAY 2264 NW 94 AVE SUITE 200 DORAL, FL 33172 MIAMI, FL 33145

FEI Number: 20-1760874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MEXIDOR, BERTA
2828 CORAL WAY
201TE 200
MIAMI, FL 33145 US

MEXIDOR, BERTA
2264 NW 94 AVE
DORAL, FL 33172 US

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: BERTA MEXIDOR 01/19/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT ( ) Delete Title: DVT (X) Change ( ) Addition

 Name:
 MEXIDOR, BERTA
 Name:
 MEXIDOR, BERTA

 Address:
 2828 CORAL WAY - SUITE 200
 Address:
 2264 NW 94 AVE

City-St-Zip: MIAMI, FL 33145 City-St-Zip: DORAL, FL 33172

Title: PD () Delete Title: PD (X) Change () Addition Name: COLAS, RAMON Name: COLAS, RAMON

 Address:
 2828 CORAL WAY - SUITE 200
 Address:
 2264 NW 94 AVE

 City-St-Zip:
 MIAMI, FL 33145
 City-St-Zip:
 DORAL, FL 33172

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RODRIGUEZ, PABLO
 Name:

 Address:
 19850 SW 207 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33187
 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: BERTA MEXIDOR DVT 01/19/2007