2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N04166

Entity Name: IESCARIBE INC.

Current Principal Place of Business:

% SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

% SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2438002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALAZAR-CARRILLO, JORGE
1105 ALMERIA
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: VILLASUSO, JUAN MANUEL
Address: INSTITUTE DE INV.#6193
City-St-Zip: SAN JOSE, COSTA R.,

Title: D ( ) Delete
Name: GOLLAS, MANUEL (V. SEC)
Address: CAMINO AL AJUSCO NO.20
City-St-Zip: MEXICO, D.F.,

Title: DCP ( ) Delete
Name: SALAZAR-CARRILLO, JORGE
Address: 1105 ALMERIA
City-St-Zip: CORAL GABLES, FL

Title: DST ( ) Delete
Name: SALAZAR, MARY G WINTHRO
Address: 1105 ALMERIA
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete
Name: JORGE, ANTONIO
Address: 724 S.W. 26 ROAD
City-St-Zip: MIAMI, FL

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:

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: JORGE SALAZAR-CARRILLO PRES 04/17/2009

Electronic Signature of Signing Officer or Director — Date