2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000001540

Entity Name: NICARAGUAN CIVIC TASK FORCE, INC.

Current Principal Place of Business:

201 NW 109 AVE., #101
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

201 NW 109 AVE., #101
MIAMI, FL 33172

New Mailing Address:

P.O. BOX 348190
CORAL GABLES, FL 33234

FEI Number: 65-0151698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARRETE, CESAR A
201 NW 109 AVE., #101
MIAMI, FL 33172 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: C/M ( ) Delete
Name: OROZCO, ROBERTO
Address: 201 NW 109 AVE., #101
City-St-Zip: MIAMI, FL 33172

Title: V/CM ( ) Delete
Name: USEDA, HUMBERTO
Address: 201 NW 109 AVE., #101
City-St-Zip: MIAMI, FL 33172

Title: S ( ) Delete
Name: AVILES, LESTER
Address: 201 NW 109 AVE #101
City-St-Zip: MIAMI, FL 33172

Title: T ( ) Delete
Name: NAVARRETE, CESAR
Address: 201 NW 109 AVE., #101
City-St-Zip: MIAMI, FL 33172

Title: D.E. ( ) Delete
Name: CALDERA-LOPEZ, NORA
Address: 201 NW 109 AVE., #101
City-St-Zip: MIAMI, FL 33172

Title: P.R. ( ) Delete
Name: MEJIA, CLAUDIA
Address: 201 NW 109 AVE., #101
City-St-Zip: MIAMI, FL 33172

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:

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: ROBERTO OROZCO C/M 04/30/2009

Electronic Signature of Signing Officer or Director — Date