2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jun 26, 2007 8:00 am Secretary of State DOCUMENT # N05000002259 06-26-2007 90001 041 ****61.25 PREMIOS INDEPENDENCIA DOMINICANA FUNDACION, INC Principal Place of Business Mailing Address 10522 SW 148 AVE DR 10522 SW 148 AVE DR MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 105775W 148A1 00 Suite, Apt. #, etc. 05252007 CR2E037 (12/06) Cha-NP 4. FEI Number 20-2445577 Applied For City & State City & State WIAMI Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARROS, OSCAR I Street Address (P.O. Box Number is Not Acceptable) 10522 SW 148 AVE DR MIAMI, FL 33196 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ΤĐ ☐ Delete TITLE ☐ Change ☐ Addition TITLE BARROS, OSCAR I NAME NAME STREET ADDRESS STREET ADDRESS 10522 SW 148 AVE DR MIAMI, FL 33196 CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME BARROS, CANDIDA R 10522 SW 148 AVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BARROS, PEDRO A NAME NAME CALLE-JUSTO CACERES #8 STREET ADDRESS STREET ADORESS CITY-ST-ZIP SANTO DOMINGO, DOMINICAN REP. CITY-ST-ZIP ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is fine and accurate and that my 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 his 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 add

SIGNATURE: