


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90408 002 ****61.25

DOCUMENT # N05000004554 1. Entity Name AMERICAN FREE TRADE ASSOCIATION, INC.					
Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126 US			Mailing Address 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3140996	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, LAUREN V 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALIANI, ALFRED R		NAME		
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 600		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICCIARDI, SAL		NAME	BATTAH, FREDDY	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 600		STREET ADDRESS	5200 Blue Lagoon Dr., Ste 600	
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP	Miami, FL 33126	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, LAUREN V		NAME	Chan, Everett	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 600		STREET ADDRESS	5200 Blue Lagoon Dr., Ste 600	
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP	Miami, FL 33126	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHMIDT, STEVEN		NAME	Sweeney, Phillip	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 600		STREET ADDRESS	5200 Blue Lagoon Dr., Ste 600	
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP	Miami, FL 33126	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 true 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 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.					
SIGNATURE: <i>Alfred R. Paliani</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-19-07 Date		
			631-439-2816 Daytime Phone #		