


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90110 001 \*\*\*\*61.25

04-02-2007 90110 002 \*\*\*\*\*8.75

<b>DOCUMENT # N05000004811</b> 1. Entity Name <b>COSTA RICA-US CHAMBER OF COMMERCE CORP.</b>																																																																																																																										
Principal Place of Business <b>7930 SW 20TH STREET MIAMI, FL 33155</b>			Mailing Address <b>7930 SW 20TH STREET MIAMI, FL 33155</b>																																																																																																																							
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 <b>22-3930076</b>																																																																																																																						
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																						
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonrenewing)</small>																																																																																																																										
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																						
Make check payable to <b>Florida Department of State</b>																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">BORBON, GERARDO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7930 SW 20TH ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33155</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">JOHANNIG, ANA C</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4040 NORTH HILLS DR 33</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HOLLYWOOD, FL 33021</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">GUILLERMO, CHAVERRI</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4040 NORTH HILLS DR 33</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HOLLYWOOD, FL 33021</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">OSSA DE LA, ESTEBAN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7930 SW 20 STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33155</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	BORBON, GERARDO		STREET ADDRESS	7930 SW 20TH ST		CITY-ST-ZIP	MIAMI, FL 33155		TITLE	D	<input type="checkbox"/> Delete	NAME	JOHANNIG, ANA C		STREET ADDRESS	4040 NORTH HILLS DR 33		CITY-ST-ZIP	HOLLYWOOD, FL 33021		TITLE	D	<input type="checkbox"/> Delete	NAME	GUILLERMO, CHAVERRI		STREET ADDRESS	4040 NORTH HILLS DR 33		CITY-ST-ZIP	HOLLYWOOD, FL 33021		TITLE	D	<input type="checkbox"/> Delete	NAME	OSSA DE LA, ESTEBAN		STREET ADDRESS	7930 SW 20 STREET		CITY-ST-ZIP	MIAMI, FL 33155		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																										
<b>SIGNATURE:</b> <u>Gerardo Borbon</u> <b>GERARDO BORBON</b> <div style="float: right; text-align: right;"> <b>3/30/07</b>    <b>305.266.4849</b>  <small>Date                      Daytime Phone #</small> </div>																																																																																																																										