

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008186

FILED
Apr 25, 2006
Secretary of State

Entity Name: LAS AMERICAS SOSA FOUNDATION CORP

Current Principal Place of Business:

325 S DIXIE HWY
SUITE 14
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

325 S DIXIE HWY
SUITE 14
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 20-3293577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSA, FABIAN B
325 S DIXIE HWY
SUITE 14
LAKE WORTH, FL 33460 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: P () Delete
Name: SOSA, FABIAN B
Address: 325 S DIXIE HWY SUITE 14
City-St-Zip: LAKE WORTH, FL 33460

Title: VS () Delete
Name: SOSA, FABIAN D
Address: 325 S DIXIE HWY SUITE 14
City-St-Zip: LAKE WORTH, FL 33460

Title: T () Delete
Name: SOSA, NIKO G
Address: 325 S DIXIE HWY SUITE 14
City-St-Zip: LAKE WORTH, FL 33460

Title: S () Delete
Name: ALCANTARA, YENY
Address: 325 S DIXIE HWY SUITE 14
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SOSA, FABIAN D
Address: 325 S DIXIE HWY SUITE 14
City-St-Zip: LAKE WORTH, FL 33460

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 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: FABIAN B SOSA

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date