2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N05000012481

Entity Name: EL TALLER DEL MAESTRO INC.

Current Principal Place of Business:

2685 NW 105 AVE
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2685 NW 105 AVE
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-4102473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RODRIGUEZ, MARIO
11350 NW 72 LANE
DORAL, FL 33178 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: DP ( ) Delete
Name: RODRIGUEZ, MARIO
Address: 11350 NW 72 LANE
City-St-Zip: DORAL, FL 33178

Title: DV ( ) Delete
Name: MORENO, NELLY
Address: 11350 NW 72 LANE
City-St-Zip: DORAL, FL 33178

Title: DS ( ) Delete
Name: CASTILLO, JOHNNATTAN
Address: 5450 NW 107 AVE., STE. 706
City-St-Zip: DORAL, FL 33178

Title: DT ( ) Delete
Name: GARCIA, ROBERTH
Address: 7330 NW 114 AVE., STE. 105
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: RODRIGUEZ, MARIO
Address: 11350 NW 72 LANE
City-St-Zip: DORAL, FL 33178

Title: DP (X) Change ( ) Addition
Name: MORENO, NELLY
Address: 11350 NW 72 LANE
City-St-Zip: DORAL, FL 33178

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: NELLY MORENO PRES 05/20/2008
Electronic Signature of Signing Officer or Director — Date