2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001388

FILED Feb 28, 2008 Secretary of State

2280 SW 32 AVENUE 413 MIAMI, FL 33145 Current Mailing Address: New Mailing Address: 2280 SW 32 AVENUE 413 MIAMI, FL 33145 FEI Number 20-4295110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CEBALLOS, HAYDEE CPA 354 SEVILLA AVENUE CORAL GABLES, FL 33134 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33146 Name: CAMPOS, GLORIAA Name: CAMPOS, GLORIAA Name: CAMPOS, GLORIAA Name: CAMPOS, GLORIAA Name: Address: 1200 WEST AVENUE #715						
2280 SW 32 AVENUE 413 MIAMI, FL 33145 Current Mailing Address: New Mailing Address: C280 SW 32 AVENUE 413 MIAMI, FL 33145 FEI Number: 20-4295110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: CEBALLOS, HAYDEE CPA 354 SEVILLA AVENUE CORAL GABLES, FL 33134 US 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: Address: CUITERREZ, GLORIA Name: Address: CUITERREZ, GLORIA Name: Address: CITYS-S-Zip: Title: VP () Delete Title: () Change () Addition Name: Address: City-St-Zip: MIAMI BEACH, FL 33139 Title: () Change () Addition Name: Address: CAMPOS, GLORIA Name: CAMPOS, GLORIA Name: CAMPOS, ELIAS Name: CAMPOS, EL	Entity Na	ame: MEXIC	AN FOUNDATION, INC			
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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: GLORIA GUTIERREZ P 02/28/2008