2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001775

City-St-Zip:

MIAMI BEACH, FL 33139

FILED Feb 06, 2007 Secretary of State

Entity Name: MIL AMIGOS DE HOLGUIN INC.							
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
9475 SW 3 MIAMI, FL							
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
9475 SW 3 MIAMI, FL							
FEI Number:	51-0566810	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desi	red ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Ne	w Registered Agent	:	
INFANTE, 9475 SW 3 MIAMI, FL							
	named entity s of Florida.	submits this statement for the p	urpose of changing it	s registered offi	ce or registered agen	t, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGES T	O OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	P () INFANTE, ARMA 9475 SW 35 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	()C	hange()Addition		
Title: Name: Address: City-St-Zip:	VP () CASTAIGNE, AU 55 SW 31 RD MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	()C	hange()Addition		
Title: Name: Address: City-St-Zip:	VP () BASTERGNE, R 435 HIALEAH D HIALEAH, FL 3	R	Title: Name: Address: City-St-Zip:	VP (X) C BASTER, RODRIC 435 HIALEAH DR HIALEAH, FL 330			
Title: Name: Address: City-St-Zip:	VS () OCHOA, ONELI 614 NW 11 ST MIAMI, FL 3313		Title: Name: Address: City-St-Zip:	S (X) C PUPO, GODOFRE 1316 SW 104 CO MIAMI, FL 33174	URT		
Title: Name: Address:	T () AGUILERA, HAY 1228 WEST AV		Title: Name: Address:	T (X) C FERNANDEZ, MA 6203 SW 131 CO			

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.

City-St-Zip:

MIAMI, FL 33183

SIGNATURE: ARMANDO INFANTE Ρ 02/06/2007