## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000005980

FILED Feb 27, 2007 Secretary of State

Entity Name: HERMANDAD SIN FRONTERAS INC

Current Principal Place of Business:		New Principal Place of Business:		
29 NW 35 SUITE 5				
MIAMI, FL	33127			
Current Mailing Address:		New Mailing Address:		
29 NW 35	STREET			
SUITE 5 MIAMI, FL	33127			
FEI Number	: 20-4972406	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
29 NW 35 SUITE 5	DEZ, BRYNT STREET 33127 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. RE:	submits this statement for the part of the part of Registered Ag		ed office or registered agent, or both,  Date
n the State	e of Florida. RE:	nic Signature of Registered Ag	ent	
n the State	e of Florida.  RE: Electro  S AND DIREC	nic Signature of Registered Ag CTORS: ) Delete ELIX REET SUITE 5	ent	Date
n the State SIGNATUI  OFFICER:  Title: Name: Address:	e of Florida.  RE: Electro  S AND DIREC  P ( GUTTMANN, F 29 NW 35 STF MIAMI, FL 33	nic Signature of Registered Ag CTORS: ) Delete ELIX REET SUITE 5 127 ) Delete BRYNT REET SUITE 5	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the State SIGNATUI  OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIREC  P ( GUTTMANN, F 29 NW 35 STF MIAMI, FL 33  VP ( HERNANDEZ, 29 NW 35 STF MIAMI, FL 33	nic Signature of Registered Ag CTORS: ) Delete ELIX REET SUITE 5 127 ) Delete BRYNT REET SUITE 5 127 ) Delete EL REET	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: FGUTTMANN FG 02/27/2007