2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007847

FILED Mar 11, 2008 Secretary of State

Entity Name: NICARAGUAN AMERICAN NATIONAL FOUNDATION, INC **Current Principal Place of Business: New Principal Place of Business:** 10505 NW 37 TERRACE CITY OF DORAL, FL 33178 **Current Mailing Address: New Mailing Address:** 10505 NW 37 TERRACE CITY OF DORAL, FL 33178 FEI Number: 20-5603358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYORGA, DOUGLAS I 14 14 NW 107 AVENUE 309 MIAMI, FL 33172 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: () Change () Addition () Delete GUTIERREZ, MARLON Name: Name: Address: 9970 NW 28 TERRACE Address: City-St-Zip: CITY OF DORAL, FL 33172 City-St-Zip: () Delete Title: Title: () Change () Addition BERMUDEZ, JOSE M Name: Name: Address: 9970 NW 28 TERRACE Address: City-St-Zip: CITY OF DORAL, FL 33172 City-St-Zip: Title: SECR () Delete Title: () Change () Addition MONCADA, NESTOR Name: Name: 9970 NW 28 TERRACE Address: Address: City-St-Zip: CITY OF DORAL, FL 33172 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: MARLON GUTIERREZ D 03/11/2008