2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007
Secretary of State

DOCUMENT# N06000010627

Entity Name: ASSOCIACION CULTURAL ARBIETO BOLIVIA INC

Current Principal Place of Business:

5981 WOODWIND CT
GREEN ACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5981 WOODWIND CT
GREEN ACRES, FL 33463 US

New Mailing Address:

FEI Number: 20-5730445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALCOCER, RAFAEL
5981 WOODWIND CT
GREEN ACRES, FL 33463 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: ALCOCER, RAFAEL
Address: 5981 WOODWIND CT
City-St-Zip: GREEN ACRES, FL 33463 US

Title: DV ( ) Delete
Name: CONDORI, JUANITO
Address: 1576 FARMINGTON AVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: DS ( ) Delete
Name: ESCOBAR, EMILIO
Address: 134 ALCAZAR ST
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: D ( ) Delete
Name: ESCOBAR, TEODORA
Address: 5303 PATRICK WAY
City-St-Zip: GREEN ACRES, FL 33463 US

Title: D ( ) Delete
Name: MOYA, TITO
Address: 17609 86TH ST N
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: D ( ) Delete
Name: CASTELLON, REYNALDO
Address: 1169 GRAND DUKE WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAFAEL ALCOCER DP 09/10/2007

Electronic Signature of Signing Officer or Director — Date