

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010627

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ASOCIACION 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 ( )**

**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 (X) Delete  
Name: SALGUERO, DANTE  
Address: 4422 CLINTON BLVD  
City-St-Zip: LAKE WORTH, FL 33461

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: ENCINA, ANA M  
Address: 17609 86TH ST N  
City-St-Zip: LOXAHATCHEE, FL 33470 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

04/14/2009

Electronic Signature of Signing Officer or Director

Date