2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003807

FILED Aug 11, 2008 Secretary of State

Entity Name: THE GUATEMALAN-AMERICAN ORGANIZATION AJAW KABAWIL, INC.

Current F	Principal Place of Business:	New Principal Place of Business:	
	V WARFIELD BLVD DWN, FL 34956		
urrent l	Mailing Address:	New Mailing Address:	
O BOX	1767 DWN, FL 34956		
n accordai	r: 26-0465148 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation of		1()
ame an	d Address of Current Registered Agen	: Name and Address of New Registered Agent:	
514 SE \	ASPAR, MIGUEL WASHINGTON ST. FL 34997 US		
		he purpose of changing its registered office or registered agent, o	or bo
	e named entity submits this statement for te of Florida.	he purpose of changing its registered office or registered agent, o	or bo
the Stat	te of Florida.	he purpose of changing its registered office or registered agent, o	or bo
the Stat	te of Florida.		or bo
n the Stat	te of Florida. ´ IRE:		
n the Stat	te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: P () Delete CRUZ, LILLIAN P O BOX 628	Agent Date	
the State of the S	te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: P () Delete CRUZ, LILLIAN P O BOX 628 INDIANTOWN, FL 34956 V () Delete JUAN-GASPAR, MIGUEL 2514 SE WASHINGTON ST	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P (X) Change () Addition Name: CRUZ, LILLIAN E Address: P O BOX 628	
the Star IGNATU PFFICER tle: aame: ddress: ity-St-Zip: tle: aame: ddress:	te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: P () Delete CRUZ, LILLIAN P O BOX 628 INDIANTOWN, FL 34956 V () Delete JUAN-GASPAR, MIGUEL 2514 SE WASHINGTON ST STUART, FL 34997 S () Delete CRUZ, ANDRES P O BOX 628	Agent ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P (X) Change () Addition Name: CRUZ, LILLIAN E Address: P O BOX 628 City-St-Zip: INDIANTOWN, FL 34956 Title: () Change () Addition Name: Address:	

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: LILIAN E. CRUZ P 08/11/2008