2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004908

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: CONTIGO PERU TELEVISION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

800 ANDALUSIA AVENUE 920 SEVILLA AVENUE 206

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

920 SEVILLA AVENUE 800 ANDALUSIA AVENUE CORAL GABLES, FL 33134

206

CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLMES, JACKSON R HOLMES, JACKSON R 800 ANDÁLUSIA AVENUE 920 SEVILLA AVENUE

US CORAL GABLES, FL 33134 206 CORAL GABLES, FL 33134 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: JACKSON RIP HOLMES 01/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

REY RAMOS, JULIO Name: Name: 17090 COLLINS AVENUE, # 507-B Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: HOLMES, JACKSON R Name: HOLMES, JACKSON R

Address: 800 ANDALUSIA AVENUE Address: 920 SEVILLA AVENUE, #206 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: VΡ () Delete Title: () Change () Addition

CAYCHO, JOSE Name: Name: 1215 N.W. 125 STREET Address: Address: City-St-Zip: NORTH MIAMI, FL 33167 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: JACKSON RIP HOLMES MR. 01/16/2009