

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008266

FILED
Apr 28, 2008
Secretary of State

Entity Name: CONJUNTO DE PROYECCIONES FOLKLORICAS "RECUERDOS DE MI PANAMA" INC.

Current Principal Place of Business:

2158 MALLARD CREEK
KISSIMMEE, FL 34743

New Principal Place of Business:

9811 TIVOLI VILLA DR
ORLANDO, FL 32829

Current Mailing Address:

P O BOX 781543
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 26-0768696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, NEYARITHA
2158 MALLARD CREEK CIR
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

HERRERA, ELIANA
9811 TIVOLI VILLA DR.
ORLANDO, FL 32829 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: ELEANA HERRERA

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, NEYARITHA
Address: 2158 MALLARD CREEK CIR
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: BERNAL, BORIS
Address: 5809 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERRERA, ELEANA
Address: 9811 TIVOLI VILLA DR.
City-St-Zip: ORLANDO, FL 32829

Title: VP (X) Change () Addition
Name: CARVAJAL, ARAMIS
Address: 8837 LATREC AVE.
City-St-Zip: ORLANDO, FL 32819

Title: S () Change (X) Addition
Name: CELIS, MARIA E.
Address: 5809 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: T () Change (X) Addition
Name: BERNAL, BORIS B.
Address: 5809 WINDHOVER DR
City-St-Zip: ORLANDO, FL 32819

Title: V () Change (X) Addition
Name: ARMIEN, SULLY
Address: 2077 DIXIE BELLE DR
City-St-Zip: ORLANDO, FL 32812

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: ELEANA HERRERA

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date