2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000008520

Entity Name: KAWSAY INTERNATIONAL DEVELOPMENT ORGANIZATION, INC.

Current Principal Place of Business:

429 LENOX AVENUE
SUITE 4C28
MIAMI BEACH, FL 33139

New Principal Place of Business:

429 LENOX AVENUE
SUITE R-701
MIAMI BEACH, FL 33139

Current Mailing Address:

429 LENOX AVENUE
SUITE 4C28
MIAMI BEACH, FL 33139

New Mailing Address:

429 LENOX AVENUE
SUITE R-701
MIAMI BEACH, FL 33139

FEI Number: 26-1230194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCIVAR, GUSTAVO G
999 BRICKELL BAY DRIVE
1107
MIAMI, FL 33131 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: P ( ) Delete
Name: ALCIVAR, GUSTAVO G
Address: 999 BRICKELL BAY DRIVE, SUITE 1107
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete
Name: TAPIA, CELIA A
Address: 999 BRICKELL BAY DRIVE, SUITE 1107
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete
Name: TAPIA, MILENKA
Address: 999 BRICKELL BAY DRIVE, SUITE 1107
City-St-Zip: MIAMI, FL 33131

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:

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: GUSTAVO G. ALIVAR P 04/15/2009

Electronic Signature of Signing Officer or Director — Date