2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# N07000009763

Entity Name: FUNDACION ARCO IRIS INTERNACIONAL INC.

Current Principal Place of Business:

1802 NW 137 TERRACE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1802 NW 137 TERRACE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 26-1160465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

M & L ACCOUNTING SERVICE
19554 NW 59 AVENUE
MIAMI, FL 33015 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: PRES ( ) Delete
Name: CLAROS, EDISON PRES/FD
Address: 1802 NW 137 TERRACE
City-St-Zip: MIAMI, FL 33028

Title: VPRE ( ) Delete
Name: FLORES, SALVADOR VPRES
Address: 16601 SW 144 COURT
City-St-Zip: MIAMI, FL 33137

Title: SEC ( ) Delete
Name: CLAROS, ANA B SECRET
Address: 1802 NW 137 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CLAROS, EDISON PRES/FD
Address: 1802 NW 137 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VPRE (X) Change ( ) Addition
Name: CLAROS, ANA B VPRES
Address: 1802 NW 137 TERR
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VOC (X) Change ( ) Addition
Name: FLORES, SALVADOR VOC
Address: 16601 SW 144 COURT
City-St-Zip: MIAMI, FL 33137

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: EDISON CLAROS PRES 01/11/2008

Electronic Signature of Signing Officer or Director — Date