

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009912

FILED  
Jul 16, 2008  
Secretary of State

**Entity Name:** INSTITUTO LATINO AMERICANO DEMOCRACIA SIN FRONTERAS, INC.

**Current Principal Place of Business:**

3300 NE 192 ST #1118  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3300 NE 192 ST #1118  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 26-2991849      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RIPANTO, MIREYA  
3300 NE 192 ST #1118  
AVENTURA, FL 33180      US

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

RIPANTI, MIREYA  
3300 NE 192 ST #1118  
AVENTURA, FL 33180      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: MIREYA RIPANTI

07/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: RIPANTI, MIREYA  
Address: 3300 NE 192 ST #1118  
City-St-Zip: AVENTURA, FL 33180

Title: D      ( ) Delete  
Name: MEDINA, HORACIO  
Address: 4076 TIMBER COVE LANE  
City-St-Zip: WESTON, FL 33332

Title: D      ( ) Delete  
Name: MUJICA, VLADIMIRO  
Address: 1930 RIDGE AVE C-311  
City-St-Zip: EVANSTON, IL 60201

**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: MIREYA RIPANTI

D

07/16/2008

Electronic Signature of Signing Officer or Director

Date