

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007877

FILED
Jan 11, 2011
Secretary of State

Entity Name: INTERAMERICAN INSTITUTE FOR DEMOCRACY, INC.

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 906
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 906
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 26-3484588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SACKS, DAVID E.
1 BISCAYNE TOWER, STE. 2400, 2 S. BISCAYNE
BLVD., C/O PATHMAN LEWIS, LLP
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: DP
Name: LOUSTEAU, GUILLERMO
Address: 10710 N.W. 66TH STREET
City-St-Zip: MIAMI, FL 33178

Title: D
Name: VALLADARES, ARMANDO
Address: 661 NE 195TH STREET
City-St-Zip: MIAMI, FL 33196

Title: D
Name: IRIARTE, ALVARO R
Address: 415 NW 85TH PLACE, APT #4
City-St-Zip: MIAMI, FL 33126

Title: D
Name: MANRIQUE, JAVIER
Address: 2529 MONTCLAIRE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D
Name: MACHO, ROBERTO E
Address: 15000 SW 42ND TERRACE
City-St-Zip: MIAMI, FL 33185

Title: D
Name: BERZAIN, CARLOS
Address: 13277 S.W. 59TH AVENUE
City-St-Zip: PINECREST, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: CARLOS BERZAIN

D

01/11/2011

Electronic Signature of Signing Officer or Director

_____ Date