

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 31, 2012**  
**Secretary of State**

DOCUMENT# N09000009107

**Entity Name:** DR-CAFTA CHAMBERS OF COMMERCE ALLIANCE , INC.**Current Principal Place of Business:**2656 NW 97TH AVE  
DORAL, FL 33172 UN**New Principal Place of Business:**2903 POINT EAST DRIVE  
SUITE K 306  
AVENTURA, FL 33160 UN**Current Mailing Address:**2656 NW 97TH AVE  
DORAL, FL 33172**New Mailing Address:**2903 POINT EAST DRIVE  
SUITE K 306  
AVENTURA, FL 33160 UN**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PALOMO, GUILLERMO E JR.  
2656 NW 97TH AVE  
DORAL,, FL 33172 US**Name and Address of New Registered Agent:**PENA, GUSTAVO  
2903 POINT EAST DRIVE  
SUITE K 306  
AVENTURA, FL 33160 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: GUSTAVO PENA

10/31/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PENA, GUSTAVO  
Address: 2903 POINT EAST DRIVE, SUITE K306  
City-St-Zip: AVENTURA, FL 33160

Title: D  
Name: D'ARBELLES, MICHELLE VICEPRE  
Address: 4523 NW 98 AVENUE  
City-St-Zip: DORAL, FL 33178

Title: T  
Name: HUETE, RODRIGO  
Address: 1200 ANASTASIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: S  
Name: MADRIGAL, FELIPE E  
Address: 2656 NW 97TH AVE  
City-St-Zip: DORAL, FL 33172

Title: D  
Name: AVILA, LEON  
Address: 2656 NW 97TH AVE  
City-St-Zip: DORAL, FL 33172

Title: D  
Name: ENAMORADO, ARTURO  
Address: 5201 BLUE LAGOON DR, 8TH FLOOR  
City-St-Zip: MIAMI, FL 33126

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: GUSTAVO PENA

PRES

10/31/2012

Electronic Signature of Signing Officer or Director

Date