

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12472

FILED
Apr 30, 2008
Secretary of State

Entity Name: COLOMBIAN DISASTER FUND, INC.

Current Principal Place of Business:

2333 BRICKELL AVE.
1112
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

2333 BRICKELL AVE.
#1112
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 59-2654854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANEGAS, MAYTE
2333 BRICKELL AVE.
#1112
MIAMI, FL 33129 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: TD () Delete
Name: JARAMILLO, JUAN CARLOS
Address: 12960 SW 50 ST.
City-St-Zip: MIAMI, FL 33183 US

Title: P () Delete
Name: VANEGAS, MAYTE
Address: 2333 BRICKELL AVE. SUITE 1112
City-St-Zip: MIAMI, FL 33129 US

Title: D () Delete
Name: MD. PABLO, ZERQUERA
Address: 3970 SW 67 AVE.
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: MD. LIARYS, DOMINGUEZ
Address: 3970 SW 67 AVE.
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: VANEGAS, MAYTE
Address: 2333 BRICKELL AVE. SUITE 1112
City-St-Zip: MIAMI, FL 33129 US

Title: SD (X) Change () Addition
Name: GONZALEZ, BEATRIZ
Address: 7220 NW 36 ST SUITE #504
City-St-Zip: MIAMI, FL 33166

Title: ED (X) Change () Addition
Name: MD. LIARYS, DOMINGUEZ
Address: 3970 SW 67 AVE.
City-St-Zip: MIAMI, FL 33155

Title: ED () Change (X) Addition
Name: MD.ZERQUEIRA, PABLO
Address: 3970 SW 67 AVE.
City-St-Zip: MIAMI, FL 33155

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: MAYTE VANEGAS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date