# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # N12762

1. Entity Name
INTER-AMERICAN DIVISION PUBLISHING ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2905 NW 87TH AVE<br>P.O. BOX 520627<br>MIAMI, FL 33122 | PO BOX 520627<br>MIAMI, FL 33126 |

**DO NOT WRITE IN THIS SPACE**

03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6001176
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERLA, PABLO
11288 NW 51 TERRACE
MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

100000681902
04/04/07-80065-001 66.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | LEITO, ISRAEL |
| STREET ADDRESS | 15977 S.W. 110 ST |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | DV |
| NAME | FILIBERTO, VERDUZCO |
| STREET ADDRESS | 716 BOADADILLA STREET |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | D |
| NAME | PERLA, PABLO |
| STREET ADDRESS | 11288 NW 51 TERRACE |
| CITY-ST-ZIP | DORAL, FL 33178 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Pablo Perla 3.16.07 (305) 599-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #