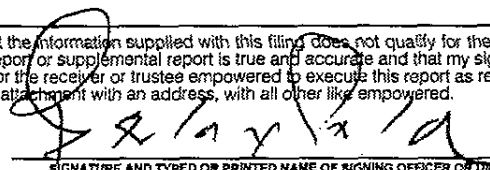


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 2905 NW 87TH AVE P.O. BOX 520627 MIAMI, FL 33122	Mailing Address PO BOX 520627 MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
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 _____ 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
10. OFFICERS AND DIRECTORS		11110000881902 04/04/07-80065-001 66.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEITO, ISRAEL 15977 S.W. 110 ST MIAMI, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FILIBERTO, VERDUZCO 716 BOADADILLA STREET CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLA, PABLO 11288 NW 51 TERRACE DORAL, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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) 577-0037



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