

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43188

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC

**Current Principal Place of Business:**

1395 BRICKELL AVE.  
FLOOR 14TH  
MIAMI, FL 33131 US

**New Principal Place of Business:**

1395 BRICKELL AVE.  
FLOOR 15TH  
MIAMI, FL 33131 US

**Current Mailing Address:**

1395 BRICKELL AVE.  
FLOOR 14TH  
MIAMI, FL 33131 US

**New Mailing Address:**

1395 BRICKELL AVE.  
FLOOR 15TH  
MIAMI, FL 33131 US

**FEI Number:** 65-0287364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDHOFF, JOHN  
1395 BRICKELL AVE.  
FLOOR 14TH  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

FRIEDHOFF, JOHN  
1395 BRICKELL AVE.  
FLOOR 15TH  
MIAMI, FL 33131 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:

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BUNGE, ALFRED A  
Address: 1450 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131 US

Title: VP  
Name: FRIEDHOFF, JOHN  
Address: 1395 BRICKELL AVENUE, 14TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: S  
Name: HERNANDEZ, DEBORAH  
Address: 3191 CORAL WAY STE 801  
City-St-Zip: MIAMI, FL 33145

Title: T  
Name: VEATER, COLIN  
Address: 777 BRICKELL AVENUE, SUITE 1070  
City-St-Zip: MIAMI, FL 33131

Title: PRES  
Name: O'MALLEY, THOMAS  
Address: PO BOX 523979  
City-St-Zip: MIAMI, FL 33122

Title: D  
Name: MAYR, ALEX  
Address: 2000 PONCE DE LEON  
City-St-Zip: CORAL GABLES, FL 33134

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: COLIN VEATER

T

04/28/2011

Electronic Signature of Signing Officer or Director

Date