


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N43948	
1. Entity Name AMERICAS GLOBAL FOUNDATION, INC.	

Principal Place of Business 930 M STREET NW 609 WASHINGTON, DC 20001 US	Mailing Address 930 M STREET NW 609 WASHINGTON, DC 20001 US
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DO NOT WRITE IN THIS SPACE



05162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0348742	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FREEDMAN, ANNE B
1541 SUNSET DRIVE #201
CORAL GABLES, FL 33143**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINZON, VICTOR M 930 M STREET NW WASHINGTON, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCELO, LOUIS 930 M STREET NW WASHINGTON, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAR, NORMAN 930 M STREET NW WASHINGTON, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, EDWARD W 930 M STREET NW WASHINGTON, DC 20001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEDMAN, ANNE 1541 SUNSET DRIVE SUITE 201 CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/09/05-80003-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Victor M. Pinzon* **VICTOR M. PINZON, PD** 6/4/5 202-371-9696

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #