

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 032 ****70.00

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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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0348742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **VICTOR PINZON, PD 7-30-03 202371-9696**

CR2E037 (4/03)