

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46904

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** AMIGOS DE LAS AMERICAS, INC.

**Current Principal Place of Business:**

4437 POST AVE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4437 POST AVE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 65-0306510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JIMENEZ, ADOLFO E  
701 BRICKELL AVE.  
STE. 3000  
MIAMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JIMENEZ, ADOLFO E.,  
Address: 4437 POST AVE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: LORENZO, LORENZO  
Address: 4716 ALTON RD  
City-St-Zip: MIAMI, FL 33140

Title: TD ( ) Delete  
Name: FALKENBERG, ULRIKE  
Address: 4437 POST AVE  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ULRIKE FALKENBERG

T

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date