2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48246

FILED Jan 07, 2008 Secretary of State

Entity Name: AMERICAN NICARAGUAN FOUNDATION, INC.

	rincipal Place of Business:	New Principal P	lace of Business:
848 BRICI SUITE 604 MIAMI, FL			
Current N	lailing Address:	New Mailing Ad	dress:
848 BRICH SUITE 604 MIAMI, FL			
FEI Number	: 65-0326517 FEI Number App	olied For () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	l Address of Current Register	red Agent: Name and Addre	ess of New Registered Agent:
	MO, GUILLEN 122 PLACE 33183 US		
	named entity submits this state e of Florida.	ement for the purpose of changing its regi	stered office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of F	Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete PELLAS, ALFREDO F 848 BRICKELL AVENUE, SUITE 60 MIAMI, FL	Title: Name: 4 Address: City-St-Zip:	() Change () Addition
o.t.) ot 2.p.			
Title: Vame: Address:	DS () Delete ROMAN, RICARDO 16855 NE 2ND AVE #202 NORTH MIAMI BEACH, FL	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address:	DS () Delete ROMAN, RICARDO 16855 NE 2ND AVE #202	Title: Name: Address:	() Change () Addition () Change () Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DS () Delete ROMAN, RICARDO 16855 NE 2ND AVE #202 NORTH MIAMI BEACH, FL D () Delete HOWARD, HENRY 848 BRICKELL AVE., STE. 604 MIAMI, FL 33131 D () Delete ABAUNZA, CARLOS 848 BRICKELL AVE., STE. 604	Title: Name: Address: City-St-Zip: Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DS () Delete ROMAN, RICARDO 16855 NE 2ND AVE #202 NORTH MIAMI BEACH, FL D () Delete HOWARD, HENRY 848 BRICKELL AVE., STE. 604 MIAMI, FL 33131 D () Delete ABAUNZA, CARLOS 848 BRICKELL AVE., STE. 604	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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: ALVARO J. PEREIRA ED 01/07/2008