

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48246

FILED
Feb 19, 2009
Secretary of State

Entity Name: AMERICAN NICARAGUAN FOUNDATION, INC.

Current Principal Place of Business:

848 BRICKELL AVE.
SUITE 604
MIAMI, FL 33131

New Principal Place of Business:

848 BRICKELL AVE.
SUITE 745
MIAMI, FL 33131

Current Mailing Address:

848 BRICKELL AVE.
SUITE 604
MIAMI, FL 33131

New Mailing Address:

848 BRICKELL AVE.
SUITE 745
MIAMI, FL 33131

FEI Number: 65-0326517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUILLERMO, GUILLEN
7303 SW 122 PLACE
MIAMI, FL 33183 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: P () Delete
Name: PELLAS, ALFREDO F
Address: 848 BRICKELL AVENUE, SUITE 604
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: ROMAN, RICARDO
Address: 16855 NE 2ND AVE #202
City-St-Zip: NORTH MIAMI BEACH, FL

Title: D () Delete
Name: HOWARD, HENRY
Address: 848 BRICKELL AVE., STE. 604
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: ABAUNZA, CARLOS
Address: 848 BRICKELL AVE., STE. 604
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: FRANK, ROBLETO
Address: 848 BRICKELL AVENUE #604
City-St-Zip: MIAMI, FL 33131

Title: ED () Delete
Name: PEREIRA, ALVAVO J.
Address: 848 BRICKELL AVENUE #604
City-St-Zip: MIAMI, FL 33131 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PELLAS, ALFREDO F
Address: 848 BRICKELL AVENUE, SUITE 745
City-St-Zip: MIAMI, FL

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

Title: CFO (X) Change () Addition
Name: GUILLEN, GUILLERMO
Address: 848 BRICKELL AVE SUITE 745
City-St-Zip: MIAMI, FL 33131

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: ALVARO J PEREIRA

ED

02/19/2009

Electronic Signature of Signing Officer or Director

Date