


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001685	
1. Entity Name GUATEMALAN MAYA QUETZAL ORGANIZATION, INC. (GMQO)	

Principal Place of Business 3716 MERRILL AVE WEST PALM BEACH, FL 33405	Mailing Address P.O. BOX 7013 WEST PALM BEACH, FL 33405
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DO NOT WRITE IN THIS SPACE

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0433524	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 CISNEROS, CARLOE 3716 MERRILL AVE W P B, FL 33405
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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 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000956892 08/01/08-80004-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABAC, VICTORIANO 4157 161 JEVA N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CISNEROS, CARLOS 3716 MERRILL AVE W P B, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIELMANN, MILHEN 902 SOUTH F ST LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GALINDA, OMAR 4116 PARK LANE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, AMILCAR P.O. BOX 1006 INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASPAR, DIEGP 1309 FERRELA DR W P B, FL 33417

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		