2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001685

FILED Jan 28, 2009 Secretary of State

Entity Name: GUATEMALAN MAYA QUETZAL ORGANIZATION, INC. (GMQO)

Current Principal Place of Business: New Principal Place of Business: 3716 MERRILL AVE WEST PALM BEACH, FL 33405 **Current Mailing Address: New Mailing Address:** P.O. BOX 7013 WEST PALM BEACH, FL 33405 FEI Number: 65-0433524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CISNEROS, CARLOE CISNEROS, CARLOS 3716 MERRILL AVE 3716 MERRILL AVE W P B, FL 33405 W P B, FL 33405 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: CARLOS CISNEROS 01/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VD () Delete () Change () Addition ABAC, VICTORIANO Name: Name: 4157 161 JEVA N Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: PD () Delete Title: () Change () Addition CISNEROS, CARLOS Name: Name: Address: 3716 MERRILL AVE Address: City-St-Zip: W P B, FL 33405 City-St-Zip: Title: () Delete Title: () Change () Addition VIELMANN, MILHEN Name: Name: 902 SOUTH F ST Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: GALINDA, OMAR Name: Address: 4116 PARK LANE Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition LOPEZ, AMILCAR Name: Name: Address: P.O. BOX 1006 Address: INDIANTOWN, FL 34956 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition GASPAR, DIÈGP GASPAR, DIEGO Name: Name: Address: 1309 FERNELA DR Address: 1309 FERNELA DR W P B, FL 33417 W P B, FL 33417 City-St-Zip: 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: CARLOS CISNEROS P 01/28/2009