2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006
Secretary of State

DOCUMENT# N93000003158

Entity Name: ASOCIACION ANCASHINA DEL PERU, INC.

Current Principal Place of Business:

11865 SW 26TH STREET
J 1
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1031
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0426696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GLENNY, ELENA E
1411 SW 102ND AVENUE
MIAMI, FL 33174 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: GLENNY, ELENA E
Address: 1411 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33174

Title: VD ( ) Delete
Name: NINAQUISPE, AMANCIO
Address: 1825 SW 67 AVENUE APT 24
City-St-Zip: MIAMI, FL 33144

Title: TD ( ) Delete
Name: CALVO, CATALINA
Address: 6346 SW 15 STREET
City-St-Zip: MIAMI, FL 33144

Title: SD ( ) Delete
Name: OJEDA, CARLOS
Address: 1411 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33174

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELENA E GLENNY PRES 08/11/2006

Electronic Signature of Signing Officer or Director — Date