

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003158

FILED
Mar 06, 2009
Secretary of State

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 ()

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: ZORRILLA, JOSE
Address: 14311 SW 90 TERR.
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: GLENNY, ELENA E
Address: 1411 SW 102 AVE.
City-St-Zip: MIAMI, FL 33174

Title: TD () Delete
Name: AGUIRRE, CONCEPCION
Address: PO BOX 1031
City-St-Zip: MIAMI, FL 33144

Title: SD () Delete
Name: LARA, ANTONIO
Address: PO BOX 1031
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: AGUIRRE, CONCEPCION
Address: 7700 NW 6 CT.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD (X) Change () Addition
Name: LARA, ANTONIO
Address: 931 NE 156 TERR
City-St-Zip: N. MIAMI BEACH, FL 33162

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: JOSE ZORRILLA

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date