2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2005
Secretary of State

DOCUMENT# N93000005400

Entity Name: FOUNDATION OF THE AMERICAS, INC.

Current Principal Place of Business:

260 CRANDON BLVD
STE 32, ROOM 146
KEY BISCAYNE, FL 331491540 US

New Principal Place of Business:

Current Mailing Address:

260 CRANDON BLVD
STE 32, ROOM 146
KEY BISCAYNE, FL 331491540 US

New Mailing Address:

FEI Number: 65-0491520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DOUGLAS D. STRATTON, ESQ.
407 LINCOLN RD, STE 2A
MIAMI BEACH, FL 33139 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: CPD ( ) Delete
Name: PINEDO, M EUGENIA
Address: 260 CRANDON BLVD, STE 32 #146
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: EDVS ( ) Delete
Name: LEVIN, JOEL I
Address: 260 CRANDON BLVD, STE 32 # 146
City-St-Zip: KEY BISCAYNE, FL 331491540 US

Title: D ( ) Delete
Name: ABELLO, GUSTAVO A
Address: 260 CRANDON BLVD, STE 32 #146
City-St-Zip: KEY BISCAYNE, FL 331491540 US

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M EUGENIA PINEDO CPD 06/19/2005

Electronic Signature of Signing Officer or Director — Date