## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N94000002907

RT FILED Jun 25, 2007 Secretary of State

Entity Name: COLOMBIAN AMERICAN SERVICE ASSOCIATION, INC. (CASA)

Current Principal Place of Business:				New Principal Place of Business:		
8500 SW 8	TH STREET			7925 NW 12 ST		
SUITE 218 MIAMI, FL  33144       US				SUITE 414	116	
				,	US	
Current Mailing Address:				New Mailing Address:		
	TH STREET			7925 NW 12 ST		
SUITE 218 MIAMI, FL	33144 US			SUITE 414 MIAMI, FL 33126	US	
FEI Number:		FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and Address	of New Registered Agent:	
JARAMILLO	O, JULIO C					
6350 SW 8	5 ST.					
MIAMI, FL	33143 US					
The above in the State		submits this statement for the pu	ırpose o	f changing its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	, ,	Delete		Title:	( ) Change ( ) Addition	
Name: Address:	CORREA, ANDF 10210 SW 115			Name: Address:		
City-St-Zip:	MIAMI, FL 3317			City-St-Zip:		
Title:	D ()	Delete		Title:	( ) Change ( ) Addition	
Name:	URREGO, PILAI			Name:		
Address:		LAZA SUITE 1250		Address:		
City-St-Zip:	CORAL GABLES	S, FL 33134		City-St-Zip:		
Title:		Delete		Title:	() Change () Addition	
Name: Address:	PARRA, JOSE I 11200 SW 8 ST			Name: Address:		
City-St-Zip:	MIAMI, FL 3319			City-St-Zip:		
Title:	D ()	Delete		Title:	( ) Change ( ) Addition	
Name:	VELAZQUEZ, G	LORIA		Name:		
Address:	1221 BRICKELL	_ AVE		Address:		
City-St-Zip:	MIAMI, FL 3313	31		City-St-Zip:		
Title:	` '	Delete		Title:	() Change () Addition	
Name:	JARAMILLO, JU			Name:		
Address: City-St-Zip:	6350 SW 85 ST MIAMI, FL 3314			Address: City-St-Zip:		
Title:	T ()	Delete		Title:	( ) Change ( ) Addition	
Name:	JUAN CARLOS,			Name:	( )	
Address:	1221 BRICKWE			Address:		
City-St-Zip:	MIAMI, FL 3313			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: ANJENYS G. EILERT EXEC 06/25/2007