


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90823 043 ****61.25

DOCUMENT # N95000002539 1. Entity Name CLUB AREQUIPA DE LOS EE. UU., INC.					
Principal Place of Business 8991 SW 107 AVE #200 MIAMI, FL 33176 US			Mailing Address 8991 SW 107 AVE #200 MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box # 1865 79 ST SW # 7 B			3. Mailing Address SAME		
Suite, Apt. #, etc. NORTH BAY VILLAGE, FL			Suite, Apt. #, etc. 		
City & State 33141 USA			City & State 		
Zip 		Country 		Zip 	
Country 		Zip 		Country 	
6. Name and Address of Current Registered Agent LLERENA, FERNANDO N 8991 SW 107 AVE #200 MIAMI, FL 33176				7. Name and Address of New Registered Agent Name VALDIVIA, SONNIA V. Street Address (P.O. Box Number is Not Acceptable) 1865 79 STREET CAUSEWAY City NORTH BAY VILLAGE FL Zip Code 33141	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sonia V. Valdivia</i></u> 4-26-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLERENA, FERNANDO N		NAME	VALDIVIA, SONNIA V.	
STREET ADDRESS	11401 SW 95 STREET		STREET ADDRESS	1865 79 ST CAUSEWAY	
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP	APT. 7-B NORTH BAY VILLAGE FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIZCARRA, JAVIER		NAME	ARCE, ALEJANDRO	
STREET ADDRESS	8011 SW 97 AVE		STREET ADDRESS	5838 COLLINS AVE. APT 7-A	
CITY - ST - ZIP	MIAMI, FL 33173		CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLERENA, GLADYS P		NAME	CLARA CHAVARRI	
STREET ADDRESS	11401 SW 95 STREET		STREET ADDRESS	1080-94 ST APT 503	
CITY - ST - ZIP	MIAMI, FL 33176		CITY - ST - ZIP	BAY WARDEN FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ROY		NAME	LUZ MARINA ARTEAGA	
STREET ADDRESS	7339 SW 113 PLACE		STREET ADDRESS	10041 S.W. 16 ST	
CITY - ST - ZIP	MIAMI, FL 33173		CITY - ST - ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Sonia V. Valdivia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-26-07</u> <small>Daytime Phone #</small>		