
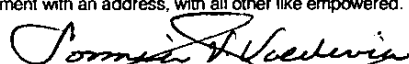


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90166 041 ****61.25

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # N95000002539 | | | |  | |
| 1. Entity Name CLUB AREQUIPA DE LOS EE. UU., INC. | | | | | |
| Principal Place of Business 1865 79 ST CSWY 7B MIAMI BEACH, FL 33141 US | | | Mailing Address 1865 79 ST CSWY 7B MIAMI BEACH, FL 33141 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State NORTH BAY VILLAGE FL | | City & State NORTH BAY VILLAGE FL | | 4. FEI Number 65-0761713 | |
| Zip 33141 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. Name and Address of Current Registered Agent VALDIVIA, SONNIA V 1865 79 ST CSWY MIAMI BEACH, FL 33141 | | | 7. Name and Address of New Registered Agent Name: VALDIVIA-SONNIA V Street Address (P.O. Box Number is Not Acceptable): 1865 79 ST CSWY 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:  | | | | DATE: 4-29-08 | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PD | NAME VALDIVIA, SONNIA V | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1865 79 ST CSWY APT 7B | CITY-ST-ZIP NORTH BAY VILLAGE, FL 33041 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE VD | NAME ALETANDRO, RACE | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 5838 COLLINS AVE APT 7A | CITY-ST-ZIP MIAMI BEACH, FL 33140 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE TD | NAME CHAVARRI, CLARA | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 1080 94ST APT 503 | CITY-ST-ZIP MIAMI BEACH, FL 33154 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE SD | NAME ARTEAGA, LUZ M | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 10041 SW 16 ST | CITY-ST-ZIP MIAMI, FL 33165 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | | | DATE: 4-29-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |