2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002212

FILED Apr 30, 2005 Secretary of State

Entity Name: AMERICAN COORDINATION CENTER OF THE SOVEREIGN MILITARY ORDER OF MALTA, INC.

Current Principal Place of Business: New Principal Place of Business:

4190 KIAORA STREET MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

4190 KIAORA STREET MIAMI, FL 33133

FEI Number: 65-0660198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARNEY, THOMAS F JR. 1101 NO. CONGRESS AVENUE STE 200 BOYNTON BEACH, FL 33426 US

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

Electronic Signature of Registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: ALEJOS, MARIA Name: BLANC, LODOVICO
Address: FINCA LABOR DE CASTILLA Address: 4190 KIAORA STREET
City-St-Zip: GUATEMALA CITY, GUAT, K-19 City-St-Zip: MIAMI, FL 33133 US

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

 Name:
 SAMAJA, DINO
 Name:
 BLANC, MARGHERITA

 Address:
 RUA TAQUES ALVIM 107
 Address:
 200 OCEAN LANE DRIVE, UNIT 206

 City-St-Zip:
 SAO PAULO, BR
 City-St-Zip:
 KEY BISCAYNE, FL 33149 US

Title: ST () Delete Title: ST (X) Change () Addition Name: BLANC, LODOVICO Name: BLANC, MARIA

 Address:
 4190 KIAORA ST
 Address:
 4190 KIAORA ST

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:
 MIAMI, FL 33133 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 BARROSO, JOSE
 Name:

 Address:
 LIVERPOOL 25, BERLIN, COL JUAREZ
 Address:

 City-St-Zip:
 MEXICO, D. 06600
 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: LODOVICO BLANC PD 04/30/2005