

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 09, 2007
Secretary of State**

DOCUMENT# N96000002601

Entity Name: MOVIMIENTO DEMOCRACIA, CORP.

Current Principal Place of Business:

4545 NW 7TH STREET, #14
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 440661
MIAMI, FL 331440661

New Mailing Address:

FEI Number: 65-0723923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SANCHEZ, RAMON S
4545 NW 7TH STREET, #14
MIAMI, FL 33126 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: DP () Delete
Name: SANCHEZ, RAMON S
Address: 4545 NW 7TH STREET, #14
City-St-Zip: MIAMI, FL 33126

Title: DT () Delete
Name: GARCIA, MERCEDES
Address: 4545 NW 7TH STREET #14
City-St-Zip: MIAMI, FL 33126

Title: DS () Delete
Name: VELASCO, MILAGROS
Address: 4545 NW 7TH STREET #14
City-St-Zip: MIAMI, FL 33126

Title: DV () Delete
Name: DELVALLE, NORMAN
Address: 4545 NW 7TH STREET #14
City-St-Zip: MIAMI, FL 33126

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:

Title: () Change () Addition
Name:
Address:
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: RAMON S SANCHEZ

PD

08/09/2007

Electronic Signature of Signing Officer or Director

Date