2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# N96000004025

Entity Name: COLOMBIA-LATINAMERICAN GOLF ASSOCIATION INC.

Current Principal Place of Business:

230 PARK STREET
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

230 PARK STREET
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0695712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEJIA, EDUARDO
230 PARK STREET
MIAMI SPRINGS, FL 33166 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:	D	( ) Delete
Name:	MEJIA, EDUARDO	
Address:	230 PARK ST	
City-St-Zip:	MIAMI SPRINGS, FL 33166	
Title:	D	( ) Delete
Name:	COTE, EDGAR	
Address:	13321 SW 88 TERC	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	ESCOBAR, ENRIQUE	
Address:	13424 SW 91 TRC	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	URIBE, OLGA	
Address:	1890 BRICKELL AVE	
City-St-Zip:	MIAMI, FL 33129	
Title:	D	( ) Delete
Name:	ARRAZOLA, ALFONSO	
Address:	12351 SW 97TH TERR	
City-St-Zip:	MIAMI, FL 33186	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	CANO, CAMILO	
Address:	660 N. MASHTA DR.	
City-St-Zip:	KEYBISCAYNE, FL 33149	

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: CANO CAMILO D 05/03/2004

Electronic Signature of Signing Officer or Director — Date

CANO CAMILO
660 N. MASHTA DR.
KEY BISCAYNE, FL. 33149

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