


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000478 1. Entity Name CAMARA DE COMERCIO CANARIO-AMERICANA DE LA FLORIDA, INC.	
---	---

Principal Place of Business 780 N.W. 42ND AVE. SUITE 300 MIAMI, FL 33126	Mailing Address 780 N.W. 42ND AVE. SUITE 300 MIAMI, FL 33126
--	--

DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0851063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONSUEGRA, LUIS A 780 N.W. 42ND AVE. SUITE 300 MIAMI, FL 33126
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

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
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CONCEPCION, JOSE A 780 N.W. 42ND AVE., SUITE 300 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CABRERA, JOSE J JR. 780 N.W. 42ND AVE., SUITE 300 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GONZALEZ, ANTONIO 780 N.W. 42ND AVE., SUITE 300 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RODRIGUEZ, GUILLERMO 780 N.W. 42ND AVE., SUITE 300 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MONTERO, CARLOS 780 N.W. 42ND AVE., SUITE 300 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000716478
04/30/07-80009-023 70.00

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:  Luis A. Consuegra 4/9/07 (305) 569-5453	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		