

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006293

1. Entity Name

EL SOL - USA PERUVIAN ASSOCIATION, INC.



Principal Place of Business

**1611 NW 26TH AVENUE
MIAMI, FL 33125**

Mailing Address

**1611 NW 26TH AVENUE
MIAMI, FL 33125**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0792289

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OSPINA, FRANCISCO
1611 NW 26TH AVENUE
MIAMI, FL 33125**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000491051
04/19/06-80006-016 61.25**

10. OFFICERS AND DIRECTORS

**TITLE DV
NAME FRANCISCO, OSPINA
STREET ADDRESS 1611 NW 26TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125**

**TITLE DT
NAME OSPINA, VICTOR
STREET ADDRESS 1600 NW 25 AVE.
CITY-ST-ZIP MIAMI, FL 33125**

**TITLE D
NAME CUEVA, JULIAN
STREET ADDRESS 501 - 79 ST., APT.1
CITY-ST-ZIP MIAMI BEACH, FL 33141**

**TITLE D
NAME FELIX, JAVIER
STREET ADDRESS 1971 NE 177 ST.
CITY-ST-ZIP N. MIAMI BEACH, FL 33162**

**TITLE DP
NAME OSPINA, LIVIA
STREET ADDRESS 1611 NW 26TH AVENUE
CITY-ST-ZIP MIAMI, FL 33125**

**TITLE D
NAME WENCESLAO, CABRERA
STREET ADDRESS 2040 NW 28 STREET
CITY-ST-ZIP N. MIAM BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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:

Victor Ospina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR OSPINA 3/29/06

Date

305-635-8051
Daytime Phone #