
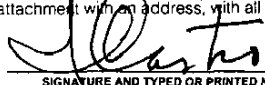


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90004 029 \*\*\*\*61.25

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # N98000002763</b><br>1. Entity Name<br><b>PARTIDO DEL PUEBLO INC.</b>   |   |   |  |  |   |
| Principal Place of Business<br><b>3190 S.W. 123 COURT<br/>MIAMI, FL 33175</b>  |   |   | Mailing Address<br><b>3190 S.W. 123 COURT<br/>MIAMI, FL 33175</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |   |
| City & State   |   | City & State  |  |   |   |
| Zip  | Country   | Zip   | Country  |   | 4. FEI Number<br><b>65-0835345</b>  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  |   | Applied For<br>Not Applicable   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CASTRO, NELSY L.</b><br><b>3190 S.W. 123 COURT</b><br><b>MIAMI, FL 33175</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                      |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>BENAVIDES, ELSA</b><br><b>3190 S.W. 123 COURT</b><br><b>MIAMI, FL 33175</b>      | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>PRESIDENT</b><br><b>CASTRO IGNACIO</b><br><b>3190 SW 123 CT</b><br><b>MIAMI, FL 33175</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>GOICOLEA, CARLOS</b><br><b>810 WEST 38TH TERRACE</b><br><b>HIALEAH, FL 33012</b> | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>TREASURER</b><br><b>BENAVIDES, ELSA</b><br><b>3190 SW 123 CT</b><br><b>MIAMI, FL 33175</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>AGUIAR, MIRIAM C</b><br><b>10249 SW 139TH CT.</b><br><b>MIAMI, FL 33186</b>      | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| 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. |   |   |  |   |   |
| <b>SIGNATURE:</b>   |   |   |  | <b>5/29/08</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  | Date Daytime Phone #  |   |