2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State
07-06-2007 90001 046 ****61.25

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1. Entity Name
CARNAVAL INDEPEDENCIA CENTRO AMERICA Y MEXICO, INC.

Principal Place of Business	Mailing Address
2653 S.W. 30TH CT. MIAMI, FL 33133	2653 S.W. 30TH CT. MIAMI, FL 33133

06282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1490 W 49 PL	
Suite, Apt. #, etc. 492	Suite, Apt. #, etc.
City & State HIALEAH, FL.	City & State
Zip 33012 Country US.	Zip Country

4. FEI Number
65-0892249
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUEDA, LEOBARDO 2653 S.W. 30 CT. MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUEDAS, LEOBARDO 1401 SW 20 ST MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JUAN VELAZQUEZ 1490 W 49 PL # 492 HIALEAH FL. 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS COLINDRES, LUIS 2441 NW 93RD. AVENUE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THOMAS REGALADO 1490 W 49 PL # 492 HIALEAH FL. 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTILLO, FRANCISCO 2441 NW 93RD AVENUE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PATRICIA DAMAS 1490 W 49 PL # 492 HIALEAH FL. 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENERAL SECRETARY ARMANDO A. PEREZ 1490 W 49 PL # 492 HIALEAH FL. 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MAELIA R. CHEVEZ 1490 W 49 PL # 492 HIALEAH FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHELLE D. ARBELES 1490 W 49 PL 492 HIALEAH FL. 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROSE DE JESUS 1490 W 49 PL # 492 HIALEAH FL. 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LUIS E. COLINDRES JR. 2441 NW 93 RD AVE MIAMI FL. 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MERCEDES PEREZ 1490 W 49 PL # 492 HIALEAH FL. 33012	☐ Change ☐ 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.

SIGNATURE: _____ 6/30/07 305-825-8387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40123005

ATTACHMENT LIST: #N990000004472

ADD:

1.- ARMANDO A. PEREZ
General Secretary

2.- MICHELLE D, ARBELLES
Director

3.- LUIS E. COLINDRES JR.
Director

4.- JUAN VELAZQUEZ
Director

5.- THOMAS REGALADO
Director

6.- PATRICIA DAMAS
Director

7.- MAELIA R. CHEVEZ
Director

8.- ROSE DE JESUS
Director

9.- Mercedes Perez
Director