2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2006
Secretary of State

DOCUMENT# N99000003008

Entity Name: ORPHANS OF THE AMERICAS, INC.

Current Principal Place of Business:

2525 PONCE DE LEON, STE 400
C/O ROBERT B MACAULAY
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

JBC SJO. NO. 6061
BOX 025240
MIAMI, FL 33102

New Mailing Address:

FEI Number: 65-0919929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACAULAY, ROBERT B
2525 PONCE DE LEON, SUITE 400
MIAMI, FL 33134 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: PD ( ) Delete
Name: LIZANO, AMELIA
Address: ONE SE THIRD AVE.,STE.2200
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete
Name: MORENO, ROCIO
Address: ONE SE THIRD AVE.,STE.2200
City-St-Zip: MIAMI, FL 33131

Title: TD (X) Delete
Name: JENKINS, FEDERICO
Address: ONE SE THIRD AVE.,STE.2200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MORENO, ROCIO
Address: 2525 PONCE DE LEON, SUITE 400
City-St-Zip: MIAMI, FL 33134

Title: TD (X) Change ( ) Addition
Name: JENKINS, FEDERICO
Address: 2525 PONCE DE LEON, SUITE 400
City-St-Zip: MIAMI, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FEDERICO JENKINS TD 04/22/2006

Electronic Signature of Signing Officer or Director — Date