2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# N99000006592

Entity Name: FUNDACION MANOS DEL SUR, INC.

Current Principal Place of Business:

2050 CORAL WAY
SUITE 405
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2050 CORAL WAY
SUITE 405
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-0959520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALVO, LIZABETH F
328 CRANDON BLVD.
SUITE 226
KEY BISCAYNE, FL 33149 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: D ( ) Delete
Name: BATLLE, CLAUDIA
Address: 2050 CORAL WAY SUITE 405
City-St-Zip: MIAMI, FL 33145

Title: P ( ) Delete
Name: BATLLE-MONTES, PAULINA
Address: 2050 CORAL WAY SUITE 405
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: YOUNG, MARCELO
Address: 2050 CORAL WAY SUITE 405
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: MAURIZIO, GUSTAVO
Address: 2050 CORAL WAY SUITE 405
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: PARODI, GONZALO
Address: 2050 CORAL WAY SUITE 405
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete
Name: VARGAS, ANDREA
Address: 2050 CORAL WAY SUITE 405
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PAULINA BATLLE MONTES P 04/21/2006

Electronic Signature of Signing Officer or Director — Date