

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160090

FILED
Apr 29, 2006
Secretary of State

Entity Name: CENTRO INTERAMERICANO DE GERENCIA POLITICA, INC.

Current Principal Place of Business:

16848 S.W. 16 STREET
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

16848 S.W. 16 STREET
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRA, MYRNA
16848 S.W. 16 STREET
PEMBROKE PINES, FL 33027 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARRA, MYRNA
Address: 16848 S.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP () Delete
Name: ESCALANTE, CARLOS
Address: 16848 S.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA PARRA

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date