

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058066

FILED
Apr 24, 2011
Secretary of State

Entity Name: PARQUE LOS ANDES RECREANDES INC.

Current Principal Place of Business:

325 S DIXIE HWY. SUITE #14
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

325 S DIXIE HWY. SUITE #14
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 27-0575322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSA, FABIAN B
325 S DIXIE HWY. SUITE #14
LAKE WORTH, FL 33460 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
Name: SOSA, FABIAN B
Address: 325 S DIXIE HWY. SUITE #14
City-St-Zip: LAKE WORTH, FL 33460

Title: VPD
Name: SOSA, YENY
Address: 325 S DIXIE HWY. SUITE #14
City-St-Zip: LAKE WORTH, FL 33460

Title: SD
Name: SOSA, SARAH
Address: 325 S DIXIE HWY. SUITE #14
City-St-Zip: LAKE WORTH, FL 33460

Title: TD
Name: SOSA, JAMES M
Address: 325 S DIXIE HWY. SUITE #14
City-St-Zip: LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

SIGNATURE: FABAIN SOSA

P

04/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date