


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P30932</b> 1. Entity Name FUNDACION NINOS DE LOS ANDES, INC.	
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Principal Place of Business 3737 NW 25 ST MIAMI, FL 33142	Mailing Address 1100 CHICKERING LAKE DR ROSWELL, GA 30075-3275 US
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**DO NOT WRITE IN THIS SPACE**

02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0230929	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <i>Please send it tomorrow</i> <b>ADD 6A.</b>	

6. Name and Address of Current Registered Agent

RAFAEL GONZALEZ  
3737 NW 25 ST.  
FUNDACION NINOS DE LOS ANDES  
MIAMI, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000904989 05/01/08 00005 000 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARAMILLO, JAIME CRA 20 BIS A 164-51 BOGOTA, COLUMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, PEDRO V. CR 20 BIS A NO. 164-51 BOGOTA, COLUMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, LUIS FERNANDO CRA 20 BIS A NO. 164-51 BOGOTA, COLUMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBOGUERRERO, JAIME CR 20 BIS A NO. 164-51 BOGOTA, COLUMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RAFAEL 3737 NW 25TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CASTRO, GLORIA 110 CHICKERING LAKE DRIVE ROSWELL, GA 300753275

**DO NOT WRITE  
IN THIS SPACE**

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:** JAIME JARAMILLO **04-15-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #