

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058066

**Entity Name:** PARQUE LOS ANDES RECREANDES INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-0575322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOSA, FABIAN B  
325 S DIXIE HWY. SUITE #14  
LAKE WORTH, FL 33460 US

*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

**Officer/Director Detail :**

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

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

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

Title TD  
Name SOSA, JAMES M  
Address 325 S DIXIE HWY. SUITE #14  
City-State-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:** FABIAN SOSA

**PRESIDENT**

**04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date