

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007507

FILED  
Aug 07, 2007  
Secretary of State

Entity Name: UNIVERSIDAD INTERAMERICANA DE PUERTO RICO, INC.

**Current Principal Place of Business:**

399 GALILEO ST. JARDINES METROPOLITANOS  
SAN JUAN, PR 009274518

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 363255  
SAN JUAN, PR 009363255

**New Mailing Address:**

FEI Number: 66-0177776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

TORRES-CARABALLO, ANNETTE MRS.  
3201 EAST COLONIAL DRIVE  
SITE U-4  
ORLANDO, FL 32803 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: ANNETTE TORRES-CARABALLO

08/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: MAYOL, PEDRO M. DR.  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: VC      ( ) Delete  
Name: PLAZA, LUIS ESQ  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: D      ( ) Delete  
Name: SIGAS, ENRIQUE ESQ  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: D      ( ) Delete  
Name: VIDAL, MARCOS  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: P      ( ) Delete  
Name: FERNOS, MANUEL J. ESQ  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: V      ( ) Delete  
Name: ECHEVARRIA, AGUSTIN ESQ  
Address: P.O. BOX 363255  
City-St-Zip: SAN JUAN, PR 009363255

**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 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: MANUEL J. FERNOS

P

08/07/2007

Electronic Signature of Signing Officer or Director

Date