

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

**FILED  
Jan 23, 2008  
Secretary of State**

DOCUMENT# N03000010380

Entity Name: UNIVERSIDAD NUESTRO PACTO INTERNATIONAL, INC.

**Current Principal Place of Business:**

5150 CANAL DR.  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5150 CANAL DR.  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 34-1976114      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MUNOZ, NAHUM  
5150 CANAL DR.  
LAKE WORTH, FL 33463      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: P      ( ) Delete  
Name: MUNOZ, NAHUM  
Address: 5150 CANAL DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

Title: V      ( ) Delete  
Name: MUNOZ, EILEEN A  
Address: 5150 CANAL DRIVE  
City-St-Zip: LAKE WORTH, FL 33463

Title: ST      ( ) Delete  
Name: ALICIA, ROBERT  
Address: 1101 GRANDVIEW CR.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**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:

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: DR. NAHUM MUNOZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/23/2008

\_\_\_\_\_  
Date