

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 723436

1. Entity Name
AGRUPACION CATOLICA UNIVERSITARIA, INC.



Principal Place of Business
% AGUSTIN DE GOYTISOLO
720 NE 27TH STREET
MIAMI, FL 33137

Mailing Address
% AGUSTIN DE GOYTISOLO
600 BILTMORE WAY APT 1205
MIAMI, FL 33134-7534

BK

FILED
07 MAY -1 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
23-7363342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOYTISOLO, AGUSTIN DE
600 BILTMORE WAY STE 1206
CORAL GABLES, FL 33134-7534

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DOMINGUEZ, RAMON
STREET ADDRESS	14001 DRAKE DR.
CITY-ST-ZIP	ROCKVILLE, MD
TITLE	VD
NAME	CABARROCAS, DAVID J.
STREET ADDRESS	4086 EL PRADO BLVD.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	HERNANDEZ, JOSE M.
STREET ADDRESS	101 OCEAN LANE DR., #2011
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD
NAME	CASAS, XAVIER
STREET ADDRESS	1012 N.W. 52 TERR.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	PD
NAME	LEON, JESUS
STREET ADDRESS	11537 MANORSTONE LANE
CITY-ST-ZIP	COLUMBIA, MD 21044
TITLE	SD
NAME	GOYTISOLO, AGUSTIN DE
STREET ADDRESS	600 BILTMORE WAY, APT 1205
CITY-ST-ZIP	CORAL GABLES, FL 331347534

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #