

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 12, 2006
Secretary of State**

DOCUMENT# 702242

Entity Name: UNIVERSITY OF MIAMI

Current Principal Place of Business:OFFICE OF THE PRESIDENT
1252 MEMORIAL DR., ASHE BLDG., RM. 230
CORAL GABLES, FL 33146 US**New Principal Place of Business:****Current Mailing Address:**OFFICE OF THE PRESIDENT
1252 MEMORIAL DR., ASHE BLDG., RM. 230
CORAL GABLES, FL 33146 US**New Mailing Address:**

FEI Number: 59-0624458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:FISH, ALAN J
1507 LEVANTE AVENUE
327 MAX OROVITZ BUILDING
CORAL GABLES, FL 33146 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: PD () Delete
Name: SHALALA, DONNA E
Address: 1252 MEMORIAL DR., ASHE BLDG., RM. 230
City-St-Zip: CORAL GABLES, FL 33146Title: C () Delete
Name: COLSON, DEAN C
Address: 255 ARAGON AVE. 2ND FLR.
City-St-Zip: CORAL GABLES, FL 33134Title: VCD () Delete
Name: WEEKS, MARTA S
Address: 7350 SOUTHWEST 162ND ST. 633157
City-St-Zip: MIAMI, FL 33157Title: D () Delete
Name: ARKIN, STANLEY H
Address: 5500 COLLINS AVE. APT. 603
City-St-Zip: MIAMI, FL 33140Title: S () Delete
Name: BLAKE, ROBERT L
Address: 16240 ONEIDA PL
City-St-Zip: DAVIE, FL 33331**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: S (X) Change () Addition
Name: UGALDE, AILEEN M
Address: 1320 S. DIXIE HWY, SUITE 1230
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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: AILEEN M. UGALDE

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09/12/2006

Electronic Signature of Signing Officer or Director

Date