2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717762

FILED Apr 21, 2008 Secretary of State

Entity Name: FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: UNIVERSITY PARK CAMPUS PC 511 MIAMI, FL 33199 **New Mailing Address: Current Mailing Address:** UNIVERSITY PARK CAMPUS PC 511 MIAMI, FL 33199 US FEI Number: 23-7047106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENDOZA, CRISTINA 11200 SW 8 STREET PC 511, UNIVERSITY PARK CAMPUS MIAMI, FL 33199 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KAHN, LAWRENCE KAHN, III, S. LAWRENCE Name: Name: Address: 80 SW 8 STREET, SUITE 1870 Address: 80 SW 8 STREET, SUITE 1870 City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130 Title: () Delete Title: () Change () Addition CARUNCHO, JOSEPH L Name: Name: Address: 9100 SOUTH DADELAND BOULEVARD, SUITE 1250 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition GARCIA JOHNSON, DANY Name: Name: 9800 NW 41 STREET, SUITE 270 Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GUILLAMA, NOEL J Name: 3420 FAIRLANE FARMS ROAD, SUITE C Address: Address: City-St-Zip: WELLINGTON, FL 33414 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: CRISTINA L. MENDOZA RA 04/21/2008