

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 07, 2004
Secretary of State**

DOCUMENT# 844977

Entity Name: UNIVERSIDAD CARLOS ALBIZU (CARLOS ALBIZU UNIVERSITY), INC.

Current Principal Place of Business:

TANCA STREET
151
SAN JUAN, PR 009023711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9023711
SAN JUAN, PR 009023711 US

New Mailing Address:

FEI Number: 66-0234412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBIZU DE RODRIGUEZ, TERESA
2173 NW 99 AVENUE
MIAMI, FL 33172 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: M () Delete
Name: MOLINA, ARTURO
Address: 1676 VIOLETA ST
City-St-Zip: SAN JUAN, PR 00927

Title: P () Delete
Name: GARCIA, JOSE M.D.
Address: CALLE AUSTRAL 635, URB ALTAMIRA
City-St-Zip: SAN JUAN, PR 00927

Title: T () Delete
Name: COLON CARLA, LCDA. ILEANA
Address: MCCONNELL VALDES, P.O. BOX 364225
City-St-Zip: SAN JUAN, PR 009364225

Title: VP () Delete
Name: PREVOR, RUTH PHD
Address: TOSSA DEL MAR 1461
City-St-Zip: CONDADO, PR 00907

Title: EM () Delete
Name: CRESPO, PATRIAC EDD
Address: CALLE VIOLETAS 2010
City-St-Zip: SAN JUAN, PR 00915

Title: S () Delete
Name: GONZALEZ MONCLOVA, JOSE DR
Address: 1325 23RD ST MONTECARLO
City-St-Zip: SAN JUAN, PR 009245249

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
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Address:
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Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: JOSE GONZALEZ MONCLOVA

S

09/07/2004

Electronic Signature of Signing Officer or Director

Date