# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2005 8:00 am**
**Secretary of State**
04-28-2005 90165 002 ****61.25

DOCUMENT # 844977

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

14003349

| Principal Place of Business | Mailing Address |
|---|---|
| TANCA STREET<br>151<br>SAN JUAN, PR 00902-3711 US | P.O. BOX 9023711<br>SAN JUAN, PR 00902-3711 US |

04062005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 66-0234412 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ALBIZU DE RODRIGUEZ, TERESA<br>2173 NW 99 AVENUE<br>MIAMI, FL 33172 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>MOLINA, ARTURO<br>1676 VIOLETA ST<br>SAN JUAN, PR 00927 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>FERRE, MAURICE<br>2655 LE JEUNE ROAD<br>CORAL GABLES, FL 33134 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GARCIA, JOSE M.D.<br>CALLE AUSTRAL 635, URB ALTAMIRA<br>SAN JUAN, PR 00927 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>ORTIZ, MARIA DE LOS ANGELES<br>UNION PLAZA STE 1104, 416 PONCE AVE<br>SAN JUAN, PR 00918 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>COLON CARLA, LCDA. ILEANA<br>MCCONNELL VALDES,P.O. BOX 364225<br>SAN JUAN, PR 009364225 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>RIVERA CIANCHINI, OSVALDO<br>PO BOX 360288<br>SAN JUAN, PR 00936-0288 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>PREVOR, RUTH PHD<br>TOSSA DEL MAR 1461<br>CONDADO, PR 00907 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>LOPEZ, JORGE LUIS<br>200 S. BISCAYNE BLVD, STE 4100<br>MIAMI, FL 33131 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EM<br>CRESPO, PATRIAC EDD<br>CALLE VIOLETAS 2010<br>SAN JUAN, PR 00915 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>RODRIGUEZ, GUALBERTO<br>PO BOX 11990<br>SAN JUAN, PR 00922 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GONZALEZ MONCLOVA, JOSE DR<br>1325 23RD ST MONTECARLO<br>SAN JUAN, PR 009245249 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GONZALEZ MONCLOVA, JORGE<br>1325 23rd ST MONTECARLOS, SAN JUAN PR 00924 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** _____ 4/20/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #