

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.	
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Principal Place of Business TANCA STREET 151 SAN JUAN, PR 00902-3711 US	Mailing Address P.O. BOX 9023711 SAN JUAN, PR 00902-3711 US
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1400344



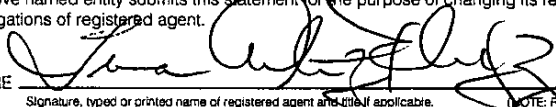
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04062005 Chg-NP CR2E037 (10/03)

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

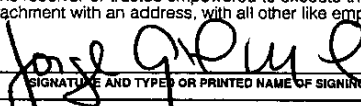
SIGNATURE  DATE 4/26/05

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

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:  DATE 4/20/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR