


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90214 037 ****70.00

DOCUMENT # 844977

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



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**

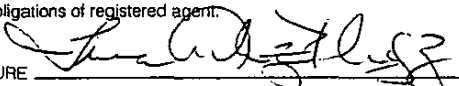
QUUB4000



2. Principal Place of Business		3. Mailing Address		04192006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 66-0234412	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 2173 NW 99 AVENUE MIAMI, FL 33172			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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  **Teresa Albizu-Rodriguez** DATE **4/19/06**

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, 2006

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	M	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, ARTURO		NAME	Lopez, Jorge	
STREET ADDRESS	1876 VIOLETA ST		STREET ADDRESS	200 S. Biscayne Blvd. Ste 4100	
CITY-ST-ZIP	SAN JUAN, PR 00927		CITY-ST-ZIP	Miami, FL 33131	
TITLE	M	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRE, MAURICE		NAME	Malave, Humberto	
STREET ADDRESS	2655 LE JEUNE RD		STREET ADDRESS	21400 Sector Cruz	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	CAYEY, PR 00736	
TITLE	M	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LOS ANGELES-ORTIZ, MARIA		NAME	Rivera - Cianchini, Osvaldo	
STREET ADDRESS	UNION PLAZE STE 1104 416 PONCE AVE		STREET ADDRESS	PO BOX 360288	
CITY-ST-ZIP	SAN JUAN, PR 00918		CITY-ST-ZIP	San Juan, PR 00934	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREVOR, RUTH PHD		NAME	Rodriguez, Gualberto	
STREET ADDRESS	TOSSA DEL MAR 1461		STREET ADDRESS	PO Box 11990	
CITY-ST-ZIP	CONDADO, PR 00907		CITY-ST-ZIP	San Juan, PR 00922	
TITLE	EM	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRESPO, PATRIAC EDD		NAME	Pla, Jaime	
STREET ADDRESS	CALLE VIOLETAS 2010		STREET ADDRESS	RR9 Box 1870	
CITY-ST-ZIP	SAN JUAN, PR 00915		CITY-ST-ZIP	San Juan, PR 00926	
TITLE	S	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ MONCLOVA, JOSE DR		NAME	Gonzalez monclova, Jose Dr.	
STREET ADDRESS	1325 23RD ST MONTECARLO		STREET ADDRESS	1325 23rd St Montecarlo	
CITY-ST-ZIP	SAN JUAN, PR 009245249		CITY-ST-ZIP	San Juan, PR 00924 00924-5249	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Arturo Molina** DATE **hamirez 19 mar 2006** DAYTIME PHONE # **305 993-1223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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