
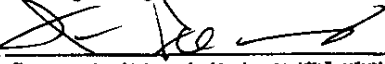



FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90024 030 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 68-0234412	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>DR. Ileana Rodriguez Ed.D</u> Street Address (P.O. Box Number is Not Acceptable) <u>2173 NW 99 Ave</u> City <u>miami</u> FL Zip Code <u>33172</u>		
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: <u>8 Apr 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 checked="" type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLINA, ARTURO		NAME	Jorge Luis Lopez	
STREET ADDRESS	1678 VIOLETA ST		STREET ADDRESS	1889 South Bay Dr.	
CITY-ST-ZIP	SAN JUAN, PR 00927		CITY-ST-ZIP	miami, FL 33133	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRE, MAURICE		NAME		
STREET ADDRESS	2655 LE JEUNE RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LOS ANGELES-ORTIZ, MARIA		NAME	Eleanor Roosevelt	
STREET ADDRESS	UNION PLAZA STE 1104 416 PONCE AVE		STREET ADDRESS	276 Calle Eleanor Roosevelt	
CITY-ST-ZIP	SAN JUAN, PR 00918		CITY-ST-ZIP	San Juan, Puerto Rico 00918	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREVOR, RUTH PHD		NAME		
STREET ADDRESS	TOSSA DEL MAR 1461		STREET ADDRESS		
CITY-ST-ZIP	CONDADO, PR 00907		CITY-ST-ZIP		
TITLE	EM	<input type="checkbox"/> Delete	TITLE	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, PATRIA EDO		NAME	Haito Rey Plaza II	
STREET ADDRESS	CALLE VIOLETAS 2010		STREET ADDRESS	San Juan, Puerto Rico 00918	
CITY-ST-ZIP	SAN JUAN, PR 00915		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ MONCLOVA, JOSE DR		NAME	DR. Jorge Gonzalez - Monclova	
STREET ADDRESS	1325 23RD ST MONTECARLO		STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN, PR 009245249		CITY-ST-ZIP		
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 files empowered. SIGNATURE:  DATE: <u>4-9-2008</u> <small>Signature and typed or printed name of signing officer or director</small>					

4001111



04072008 Chg-NP CR2E037 (12/08)

4. FEI Number 68-0234412 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required


Filing Fee is \$61.25 Due by May 1, 2008

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		
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	MOLINA, ARTURO	
STREET ADDRESS	1678 VIOLETA ST	
CITY-ST-ZIP	SAN JUAN, PR 00927	
TITLE	M	<input type="checkbox"/> Delete
NAME	FERRE, MAURICE	
STREET ADDRESS	2655 LE JEUNE RD	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	M	<input type="checkbox"/> Delete
NAME	DE LOS ANGELES-ORTIZ, MARIA	
STREET ADDRESS	UNION PLAZA STE 1104 416 PONCE AVE	
CITY-ST-ZIP	SAN JUAN, PR 00918	
TITLE	P	<input type="checkbox"/> Delete
NAME	PREVOR, RUTH PHD	
STREET ADDRESS	TOSSA DEL MAR 1461	
CITY-ST-ZIP	CONDADO, PR 00907	
TITLE	EM	<input type="checkbox"/> Delete
NAME	CRESPO, PATRIA EDO	
STREET ADDRESS	CALLE VIOLETAS 2010	
CITY-ST-ZIP	SAN JUAN, PR 00915	
TITLE	M	<input type="checkbox"/> Delete
NAME	GONZALEZ MONCLOVA, JOSE DR	
STREET ADDRESS	1325 23RD ST MONTECARLO	
CITY-ST-ZIP	SAN JUAN, PR 009245249	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Luis Lopez	
STREET ADDRESS	1889 South Bay Dr.	
CITY-ST-ZIP	miami, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eleanor Roosevelt	
STREET ADDRESS	276 Calle Eleanor Roosevelt	
CITY-ST-ZIP	San Juan, Puerto Rico 00918	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haito Rey Plaza II	
STREET ADDRESS	San Juan, Puerto Rico 00918	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. Jorge Gonzalez - Monclova	
STREET ADDRESS		
CITY-ST-ZIP		

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 files empowered.
SIGNATURE:  DATE: 4-9-2008
Signature and typed or printed name of signing officer or director