2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844977

FILED Apr 13, 2009 Secretary of State

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

| Gurrent P | | of Rucinocci | Now Principal | | |
|---|---|---|---|--|--|
| | • | of Business: | • | Place of Business: | |
| TANCA STREET 151 | | | CALLE TANCA 151 | CALLE TANCA | |
| SAN JUAN, PR 009023711 US | | | | SAN JUAN, PR 009023711 US | |
| Current Mailing Address: | | | New Mailing A | New Mailing Address: | |
| P.O. BOX 9023711 | | | CALLE TANCA | CALLE TANCA | |
| | N, PR 0090237 | 711 US | 151 | 009023711 US | |
| FEI Number: | : 66-0234412 | FEI Number Applied For () | FEI Number Not Applicable | e () Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Add | ress of New Registered Agent: | |
| | EZ, ILEANA D 99 AVENUE 33172 US | DR | | | |
| | named entity : e of Florida. | submits this statement for the pu | rpose of changing its req | gistered office or registered agent, or both | |
| SIGNATU | | | | | |
| | Electror | nic Signature of Registered Ager | nt | Date | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CI | HANGES TO OFFICERS AND DIRECTO | |
| Γitle: Name: | LOPEZ, JORGI | | Title: Name: | () Change () Addition | |
| Address: City-St-Zip: | 1889 SOUTH B MIAMI, FL 331 | | Address: City-St-Zip: | | |
| | MIAMI, FL 331 | 33) Delete ICE E RD | | ()Change ()Addition | |
| City-St-Zip: Fitle: Name: Address: | MIAMI, FL 331 M () FERRE, MAUR 2655 LE JEUNI MIAMI, FL 331 S () DE LOS ANGE | 33) Delete ICE E RD 34) Delete LES-ORTIZ, MARIA EANOR ROOSEVELT | City-St-Zip: Title: Name: Address: | ()Change ()Addition ()Change ()Addition | |
| City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Name: Address: | MIAMI, FL 331 M () FERRE, MAUR 2655 LE JEUNI MIAMI, FL 331 S () DE LOS ANGE 276 CALLE EL SAN JUAN, PR | 33) Delete ICE E RD 34) Delete LES-ORTIZ, MARIA EANOR ROOSEVELT 00918) Delete H PHD AR 1461 | City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | | |
| City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: | MIAMI, FL 331 M () FERRE, MAUR 2655 LE JEUNI MIAMI, FL 331 S () DE LOS ANGEI 276 CALLE ELI SAN JUAN, PR VP () PREVOR, RUTI TOSSA DEL MI CONDADO, PR | 33) Delete ICE E RD 34) Delete LES-ORTIZ, MARIA EANOR ROOSEVELT 00918) Delete H PHD AR 1461 : 00907) Delete RIA EDD AZA 111 | City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: | ()Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JORGE GONZALEZ MONCLOVA DR 04/13/2009