

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001443

FILED
Oct 19, 2005
Secretary of State

Entity Name: SISTEMA UNIVERSITARIO ANA G. MENDEZ, INC.

Current Principal Place of Business:

P.O. BOX 21345
SAN JUAN, PR 00928 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21345
SAN JUAN, PR 00928 US

New Mailing Address:

C/O BAKER & HOSTETLER, 200 S. ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801 US

FEI Number: 66-0201206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JORGE A
901 PONCE DE LEON BLVD., STE. 304
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

A.G.C. CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801 US

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.

SIGNATURE: KENNETH C. WRIGHT, VICE PRESIDENT

10/19/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DE HARO, ANTONIO
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PUERTO RICO, 00928

Title: P () Delete
Name: MENDEZ, JOSE F
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PUERTO RICO, 00928

Title: V () Delete
Name: DAVILA SILVA, ALFONSO L
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PUERTO RICO, 00928

Title: S () Delete
Name: CASTILLO, GLORIA
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PUERTO RICO, 00928

Title: T () Delete
Name: VAZQUEZ, JUAN A
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PR 00928 US

Title: VC (X) Delete
Name: PIERLUISI, JORGE A
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PR 00928 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PIERLUISI, JORGE
Address: P.O. BOX 21345
City-St-Zip: SAN JUAN, PR 00928 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE A. PIERLUISI

C

10/19/2005

Electronic Signature of Signing Officer or Director

Date