

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 014 ****61.25

DOCUMENT # F07000001101

1. Entity Name
ASOCIACION Y FUNDACION ALUMNI COLEGIAL DE MAYAGUEZ (U.P.R.) INC.



Principal Place of Business
**A-5 SIERRA LINDS ST., MANSIONES DE ROMANI
SAN JUAN, PUERTO RICO, 00925-5410 OC**

Mailing Address
**A-5 SIERRA LINDS ST., MANSIONES DE ROMANI
SAN JUAN, PUERTO RICO, 00925-5410 OC**

40005963



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
66-0592388

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, FRANCISCO
3106 BYU COURT
ORLANDO, FL 32877-2505**

7. Name and Address of New Registered Agent
Name **Rodriguez, Francisco**
Street Address (P.O. Box Number is Not Acceptable)
3106 BYU Court
City **Orlando** FL Zip Code **32817-2505**

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 **FRANCISCO RODRIGUEZ Registered Agent** DATE **1/14/2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALZAC, JOSE R A-5 SIERRA LINDS ST. SAN JUAN, PUERTO RICO, 009255410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVERA, SADOE VILLA SOLEDAD ST #68, RIO HONDO WARD MAYAGUEZ, PUERTO RICO, 00680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SERRANO, AIDA 285 LUIS VILELLA ST MAYAGUEZ, PUERTO RICO, 00680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ-CALDA, IVAN PO BOX 1716 MAYAGUEZ, PUERTO RICO, 006811716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **FRANCISCO RODRIGUEZ Registered Agent** DATE **1/14/2008** DAYTIME PHONE # **407-657-0491**