


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90210 036 \*\*\*\*70.00

<b>DOCUMENT # N01000003130</b>	
1. Entity Name UNIVERSIDAD SAN FRANCISCO FLORIDA, INC.	

Principal Place of Business 2685 EXECUTIVE PARK DR., STE. 5 FORT LAUDERDALE, FL 33331	Mailing Address 2685 EXECUTIVE PARK DR., STE. 5 FORT LAUDERDALE, FL 33331
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34073463



2. Principal Place of Business 7915 NW 53rd. Street	3. Mailing Address 7915 NW 53rd. Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

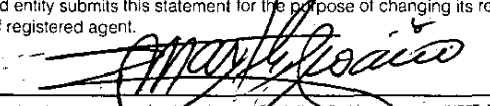
City & State Miami, FL	City & State Miami, FL
Zip 33166	Zip 33166
Country	Country

4. FEI Number 65-1124330	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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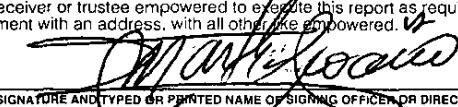
6. Name and Address of Current Registered Agent PROANO-FEIN, MARTHA 2685 EXECUTIVE PARK DRIVE WESTON, FL 33326
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  DATE 4/28/04
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTIAGO, GANGOTENA G 1032 LAVENDER CIR. WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7915 NW 53rd. Street Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTVFAR, CARLOS 1032 LAVENDER CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7915 NW 53rd. Street Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PROANO-FEIN, MARTHA 1032 LAVENDER CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7915 NW 53rd. Street Miami, FL 33166
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
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 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 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:  DATE 4/28/04 (305) 591-0471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR