
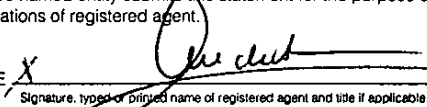
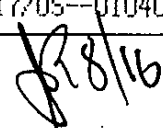
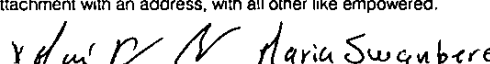


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N01000003130</b> 1. Entity Name UNIVERSIDAD SAN FRANCISCO FLORIDA, INC.						FILED 05 AUG 15 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7915 NW 53RD STREET MIAMI, FL 33166				Mailing Address 7915 NW 53RD STREET MIAMI, FL 33166			
2. Principal Place of Business 1266 Camellia Ln Suite, Apt. #, etc.				3. Mailing Address P.O. Box 266376 Suite, Apt. #, etc.			
City & State Weston, FL				City & State Weston, FL			
Zip 33326		Country		Zip 33326		Country	
6. Name and Address of Current Registered Agent  MENDICTA-DUENAS, GONZALO 7915 NW 53RD STREET MIAMI, FL 33166				7. Name and Address of New Registered Agent Name: Mendieta-Dueñas, Gonzalo Street Address (P.O. Box Number is Not Acceptable): 1266 Camellia Ln. City: Weston FL Zip Code: 33326			
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25				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				DATE: July 17, 2005			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTIAGO, GANGOTENA G 7915 NW 53RD STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. D Mendieta-Dueñas, Gonzalo 1266 Camellia Ln. Weston, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTVFAR, CARLOS 7915 NW 53RD STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Arizaga, Juan Carlos 1266 Camellia Ln. Weston, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENDITA-DUENAS, GONZALO 7915 NW 53RD STREET MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Swanberg, Maria 1266 Camellia Ln. Weston, FL. 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058693974 08/17/05--01040--013 **61.25 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 7/30/05 Daytime Phone #: 954-384-5464			