2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004428

FILED Apr 26, 2007 Secretary of State

Entity Name: INSTITUTO TECNOLOGICO Y DE ESTUDIOS SUPERIORES DE MONTERREY (USA), INC.

3100 S DI	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
	XIE HIGHWA`	Y		H STREET		
I01 MAMI, FL	33133 US		2076 MIAMI, FL	33130 L	US	
Current M	lailing Addre	ss:	New Maili	ing Addres	ss:	
	XIE HIGHWA`	Y		H STREET		
I01 MAMI, FL	33133 US		2076 MIAMI, FL	33130 L	US	
El Number	: 65-1119680	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	l Address c	of New Registered Agent:	
	HERINE ESC KELL PLAZA	2 .				
MIAMI, FL	33131 US					
	named entity e of Florida.	submits this statement for the	purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ac	jent		Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANG	SES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	LOPEZ DEL P E GARZA SAD) Delete UERTO, PATRICIO ING. DA 2501 CP MEXICO, MX 64849 MX	Title: Name: Address: City-St-Zip:		() Change () Addition	
ītle:	RANGEL SOS) Delete TMANN, RAFAEL DR.	Title: Name:	VP MEDINA, JE	(X) Change () Addition	
Address: City-St-Zip:		MEXICO, MX 64849 MX	Address: City-St-Zip:			
Address: Dity-St-Zip: Fitle: Name: Address:	MONTERREY, D (CRUZ LIMON, E GARZA SAD	MEXICO, MX 64849 MX) Delete CARLOS ENRIQUE ING.		80 SW 8TH		
Vame: Address: Dity-St-Zip: Fitle: Vame: Address: Dity-St-Zip: Fitle: Vame: Vame: Address: Dity-St-Zip: City-St-Zip:	MONTERREY, D (CRUZ LIMON, E GARZA SAD MONTERREY, D (BUSTANI ADE E GARZA SAD	MEXICO, MX 64849 MX) Delete CARLOS ENRIQUE ING. DA 2501 CP MEXICO, MX 64849 MX) Delete M, ALBERTO DR.	City-St-Zip: Title: Name: Address:	80 SW 8TH	33130 US	

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: JENNY MEDINA VP 04/26/2007