2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

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Entity Name: THE CAROL MORGAN SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

C/O WHITE & CASE LLP
200 S BISCAYNE BLVD SUITE 4900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WHITE & CASE LLP
200 S BISCAYNE BLVD SUITE 4900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 02-0545768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D/P	( ) Delete
Name:	SUAREZ, SIMON	
Address:	PO BOX 02-5279	
City-St-Zip:	MIAMI, FL 33102	
Title:	D	( ) Delete
Name:	SANCHEZ, ROBERTO	
Address:	PO BOX 02-5261	
City-St-Zip:	MIAMI, FL 33102	
Title:	D	( ) Delete
Name:	BESOSA, JORGE	
Address:	PO BOX 02-5261	
City-St-Zip:	MIAMI, FL 33102	
Title:	D/T	( ) Delete
Name:	CARDONA, JOSE	
Address:	PO BOX 02-5261	
City-St-Zip:	MIAMI, FL 33102	
Title:	D/S	( ) Delete
Name:	BREA DE HOYO, FRANCESCA	
Address:	PO BOX 02-5261	
City-St-Zip:	MIAMI, FL 33102	
Title:	D	( ) Delete
Name:	PANIAGUA, CHRISTOPHER	
Address:	PO BOX 02-5261	
City-St-Zip:	MIAMI, FL 33102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SIMON SUAREZ P 02/06/2008

Electronic Signature of Signing Officer or Director — Date