2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2009
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 (X) Delete
Name: BREA DE HOYO, FRANCESCA
Address: PO BOX 02-5261
City-St-Zip: MIAMI, FL 33102

Title: D (X) Delete
Name: PANIAGUA, CHRISTOPHER
Address: PO BOX 02-5261
City-St-Zip: MIAMI, FL 33102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: HOFER, CAROL
Address: PO BOX 02-5279
City-St-Zip: MIAMI, FL 33102

Title: D/S (X) Change ( ) Addition
Name: RODRIGUEZ, KATIA
Address: PO BOX 02-5261
City-St-Zip: MIAMI, FL 33102

Title: D/T (X) Change ( ) Addition
Name: BESOSA, JORGE
Address: PO BOX 02-5261
City-St-Zip: MIAMI, FL 33102

Title: D/VP (X) Change ( ) Addition
Name: CARDONA, JOSE
Address: PO BOX 02-5261
City-St-Zip: MIAMI, FL 33102

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: CAROL HOFER P 05/08/2009

Electronic Signature of Signing Officer or Director — Date