
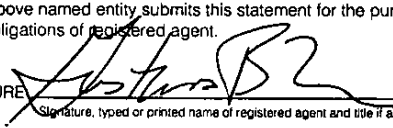
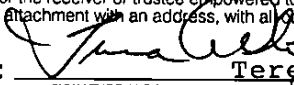


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90165 001 \*\*\*\*61.25

<b>DOCUMENT # N02000000287</b> 1. Entity Name <b>CARLOS ALBIZU UNIVERSITY FOUNDATION INC.</b>					
Principal Place of Business <b>2173 NW 99TH AVENUE MIAMI, FL 33172</b>			Mailing Address <b>2173 NW 99TH AVENUE MIAMI, FL 33172</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>32-0017813</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARIN, GUSTAVO B J.D. 2173 NW 99TH AVENUE MIAMI, FL 33172</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE: <b>4/26/05</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MRS. TERESA A		NAME	Mr. Frederick Thornburg, Esq.	
STREET ADDRESS	2173 NW 99TH AVENUE		STREET ADDRESS	10005 NW 52 Ave.	
CITY-ST-ZIP	MIAMI, FL 331722209		CITY-ST-ZIP	Miami, FL 33178	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANES, MR. JUAN A		NAME	Mr. Frank Otero	
STREET ADDRESS	700 CORAL WAY SUITE #8		STREET ADDRESS	5001 SW 74 ct, Suite #203	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Miami, FL 33155	
TITLE	M	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILIAN, EVARIST		NAME	Dr. Salvador Santiago-Negron	
STREET ADDRESS	141 ALMERIA AVE		STREET ADDRESS	2173 NW 99 Ave	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	Miami, FL 33172	
TITLE	M	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLANOS, MR. FRANK		NAME	Dr. Jorge Gonzalez-Monclova	
STREET ADDRESS	1450 NE 2ND AVE., SUITE 700		STREET ADDRESS	Cond. Villas del Mar Oeste	
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	Apt. PH B., Ave 15a Verde,	
TITLE	C	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPES, JORGE L		NAME	Hon. Maurice Ferre	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4000		STREET ADDRESS	2655 Lejeune Rd., Suite #307	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	M	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASDIVAL, MR. RAUL		NAME	Dr. Alicia Baro	
STREET ADDRESS	201 ALHAMBRA CIRCLE, #1401		STREET ADDRESS	1550 Madruga Ave.	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral Gables, FL 33146	
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: 		Teresa Albizu Rodriguez		4/18/05 305-593-1223 x157	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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04062005 Chg-NP CR2E037 (10/03)