


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90013 009 ****61.25

DOCUMENT # N02000000287

1. Entity Name
CARLOS ALBIZU UNIVERSITY FOUNDATION INC.



Principal Place of Business
**2173 NW 99TH AVENUE
 MIAMI, FL 33172**

Mailing Address
**2173 NW 99TH AVENUE
 MIAMI, FL 33172**

60027368



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
32-0017813

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARIN, GUSTAVO B J.D.
 2173 NW 99TH AVENUE
 MIAMI, FL 33172**


7. Name and Address of New Registered Agent

Name
Albizu-Rodríguez, Teresa

Street Address (P.O. Box Number is Not Acceptable)
2173 NW 99th Avenue

City, State, Zip Code
Miami, FL 33172

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  DATE **3/5/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

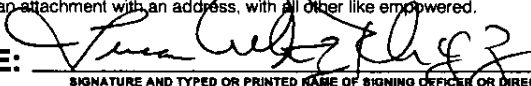
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ALBIZU-RODRIGUEZ, MRS. TERESA	
STREET ADDRESS	2173 NW 99TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 331722209	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	YANES, MR. JUAN A	
STREET ADDRESS	700 CORAL WAY SUITE #8	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	M	<input type="checkbox"/> Delete
NAME	MILIAN, EVARIST	
STREET ADDRESS	141 ALMERIA AVE	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	M	<input type="checkbox"/> Delete
NAME	BOLANOS, MR. FRANK	
STREET ADDRESS	1450 NE 2ND AVE., SUITE 700	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	C	<input type="checkbox"/> Delete
NAME	LOPES, JORGE L	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	M	<input type="checkbox"/> Delete
NAME	MASDIVAL, MR. RAUL	
STREET ADDRESS	201 ALHAMBRA CIRCLE, #1401	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grillet, Adriana	
STREET ADDRESS	2173 NW 99th Avenue	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Otero, Frank	
STREET ADDRESS	2173 NW 99th Avenue	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baro, Dr. Alicia	
STREET ADDRESS	2173 NW 99th Avenue	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ferre, Hon. Maurice	
STREET ADDRESS	2173 NW 99th Avenue	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez-Monclova, Dr. Jorge	
STREET ADDRESS	2173 NW 99th Avenue	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cerezo, Francisco	
STREET ADDRESS	2173 NW 99th Avenue	
CITY-ST-ZIP	Miami, Florida 33172	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3/5/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR