

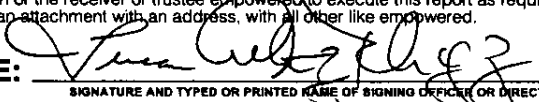


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 32-0017813 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 Miami, State FL Zip Code 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 3/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ALBIZU-RODRIGUEZ, MRS. TERESA 2173 NW 99TH AVENUE MIAMI, FL 331722209 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC Grillet, Adriana 2173 NW 99th Avenue Miami, Florida 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M YANES, MR. JUAN A 700 CORAL WAY SUITE #8 CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Otero, Frank 2173 NW 99th Avenue Miami, Florida 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M MILIAN, EVARIST 141 ALMERIA AVE MIAMI, FL 33134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Baro, Dr. Alicia 2173 NW 99th Avenue Miami, Florida 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M BOLANOS, MR. FRANK 1450 NE 2ND AVE., SUITE 700 MIAMI, FL 33132 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Ferre, Hon. Maurice 2173 NW 99th Avenue Miami, Florida 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C LOPES, JORGE L 200 S BISCAYNE BLVD STE 4000 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Gonzalez-Monclova, Dr. Jorge 2173 NW 99th Avenue Miami, Florida 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M MASDIVAL, MR. RAUL 201 ALHAMBRA CIRCLE, #1401 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Cerezo, Francisco 2173 NW 99th Avenue Miami, Florida 33172 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 3/5/07 <small>Daytime Phone #</small> | |

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02122007 Chg-NP CR2E037 (12/06)