2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000008951

1. Entity Name
CANARY ISLANDS FOUNDATION FOR EDUCATION AND CULTURE, INC.

Principal Place of Business	Mailing Address
782 NW LEJEUNE ROAD STE 530 MIAMI, FL 33126	782 NW LEJEUNE ROAD STE 530 MIAMI, FL 33126

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03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2336557
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLEITAS, ROBERTO F
782 NW LEJEUNE ROAD STE 530
MIAMI, FL 33126

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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
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, 2008

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

U00000876213
04/11/08-80063-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANZ, ALEJANDRO
STREET ADDRESS	2665 SW 37TH AVE APT 1015
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	XENIA, GINENEZ
STREET ADDRESS	2665 SW 37TH AVE APT 1015
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	LEMUS, ISABEL
STREET ADDRESS	12481 SW 23 TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____ ALEJANDRO SANZ, DIRCTOR 3/03/08 3059876198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #