

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 782 NW LEJEUNE ROAD STE 530 MIAMI, FL 33126	Mailing Address 782 NW LEJEUNE ROAD STE 530 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



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.

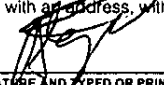
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000876213 04/11/08-80063-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANZ, ALEJANDRO 2665 SW 37TH AVE APT 1015 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XENIA, GINENEZ 2665 SW 37TH AVE APT 1015 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMUS, ISABEL 12481 SW 23 TERRACE 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, DIRECTOR 3/03/08 305 9876198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #