

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008951

FILED  
Mar 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

782 NW LEJEUNE ROAD STE 530  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

782 NW LEJEUNE ROAD STE 530  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 56-2336557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SANZ, ALEJANDRO  
Address: 2665 SW 37TH AVE APT 1015  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: XENIA, GINENEZ  
Address: 2665 SW 37TH AVE APT 1015  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: LEMUS, ISABEL  
Address: 12481 SW 23 TERRACE  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO SANZ

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date