## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005195

Entity Name: AUTONOMA DE QUITO UNIVERSITY, CORP.

FILED Apr 21, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6355 NW 36 STREET STE407 5466 N.W. 112 PATH VIRGINIA GARDENS, FL 33166 DORAL, FL 33178 US

Current Mailing Address: New Mailing Address:

6355 NW 36 STREET STE407 5466 N.W. 112 PATH VIRGINIA GARDENS, FL 33166 DORAL, FL 33178 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ARAUJO, JULIO ROJAS, WASHINGTON A 6355 NW 36 STREET STE407 5466 N.W. 112 PATH VIRGINIA GARDENS, FL 33166 US DORAL, FL 33178 US

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: ROJAS, WASHINGTON 04/21/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 ROJAS ALVEAR, VICENTE A
 Name:
 ROJAS ALVEAR, VICENTE A

 Address:
 6355 NW 36 STREET STE 407
 Address:
 5466 N.W. 112 PATH

 City-St-Zip:
 VIRGINIA GARDENS, FL 33166
 City-St-Zip:
 DORAL, FL 33178 US

 Title:
 VD
 ( ) Delete
 Title:
 VD
 (X) Change ( ) Addition

 Name:
 ROJAS EREZO, WASHINGTON A
 Name:
 ROJAS ERAZO, WASHINGTON A

 Address:
 6355 NW 36 STREET STE 407
 Address:
 5466 N.W. 112 PATH

Address: 6355 NW 36 STREET STE 407 Address: 5466 N.W. 112 PATH

City-St-Zip: VIRGINIA GARDENS, FL 33166 City-St-Zip: DORAL, FL 33178 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 ROJAS AYALA, VICENTE
 Name:
 ROJAS AYALA, VICENTE

 Address:
 6355 NW 36 STREET STE 407
 Address:
 5466 N.W. 112 PATH

 City-St-Zip:
 VIRGINIA GARDENS, FL 33166
 City-St-Zip:
 DORAL, FL 33178 US

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: ARAUJO, JULIO Name: ARAUJO, JULIO

 Address:
 6355 NW 36 STREET STE 407
 Address:
 6355 NW 36 STREET STE 407

 City-St-Zip:
 VIRGINIA GARDENS, FL 33166
 City-St-Zip:
 VIRGINIA GARDENS, FL 33166 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GARRIDO, HUGO
 Name:
 GARRIDO, HUGO

 Address:
 6355 NW 36 STREET STE 407
 Address:
 5466 N.W. 112 PATH

 City-St-Zip:
 VIRGINIA GARDENS, FL 33166
 City-St-Zip:
 DORAL, FL 33178 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 AYALA, LUIS
 Name:
 AYALA, LUIS

 Address:
 6355 NW 36 STREET STE 407
 Address:
 5466 N.W. 112 PATH

 City-St-Zip:
 VIRGINIA GARDENS, FL 33166
 City-St-Zip:
 DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROJAS, WASHINGTON VD 04/21/2004