2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N03000005195

Entity Name: AUTONOMA DE QUITO UNIVERSITY, CORP.

Current Principal Place of Business:

5466 N.W. 112 PATH
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

5466 N.W. 112 PATH
DORAL, FL 33178 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROJAS, WASHINGTON A
5466 N.W. 112 PATH
DORAL, FL 33178 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: PD ( ) Delete
Name: ROJAS ALVEAR, VICENTE A
Address: 5466 N.W. 112 PATH
City-St-Zip: DORAL, FL 33178 US

Title: VD ( ) Delete
Name: ROJAS ERAZO, WASHINGTON A
Address: 5466 N.W. 112 PATH
City-St-Zip: DORAL, FL 33178 US

Title: TD ( ) Delete
Name: ROJAS AYALA, VICENTE
Address: 5466 N.W. 112 PATH
City-St-Zip: DORAL, FL 33178 US

Title: SD ( ) Delete
Name: ARAUJO, JULIO
Address: 6355 NW 36 STREET STE 407
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: D ( ) Delete
Name: GARRIDO, HUGO
Address: 5466 N.W. 112 PATH
City-St-Zip: DORAL, FL 33178 US

Title: D ( ) Delete
Name: AYALA, LUIS
Address: 5466 N.W. 112 PATH
City-St-Zip: DORAL, FL 33178 US

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:

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 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: WASHINGTON ROJAS VD 01/05/2005

Electronic Signature of Signing Officer or Director — Date