

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005195

FILED  
Mar 27, 2006  
Secretary of State

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

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

Title: TD (X) Change ( ) Addition  
Name: ROJAS AYALA, VICENTE A  
Address: 13020 NW 9 LANE  
City-St-Zip: MIAMI, FL 33182 US

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 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: ROJAS VICENTE

PD

03/27/2006

Electronic Signature of Signing Officer or Director

Date