


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90215 044 \*\*\*\*61.25

<b>DOCUMENT # N04000005039</b>	
<b>1. Entity Name</b>	
FUNDACION EX-ALUMNOS INSTITUTO NACIONAL CRISTOBAL COLON, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
300 SW 107TH AVE STE 204 MIAMI FL 33174	300 SW 107TH AVE STE 204 MIAMI FL 33174

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
	P.O. BOX 227155
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
	MIAMI, FLORIDA
<b>Zip</b>	<b>Country</b>
33122-7155	USA

<b>4. FEI Number</b>	<b>Applied For</b>
20-1222258	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
BERMUDEZ, DENIS 300 SW 107TH AVE STE 204 MIAMI FL 33174

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>NAME</b>
DP	BRAUTIGAM, JERRY
<b>STREET ADDRESS</b>	12673 SW 146 TERR
<b>CITY-ST-ZIP</b>	MIAMI FL 33186
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
DV	DOWNS, JAMES M
<b>STREET ADDRESS</b>	961 SW 119 PL
<b>CITY-ST-ZIP</b>	MIAMI FL 33184
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
DS	JACKSON-GAMEZ, KAREN
<b>STREET ADDRESS</b>	5704 SW 36 CT
<b>CITY-ST-ZIP</b>	HOLLYWOOD FL 33023
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
DT	LUIS, OSCAR
<b>STREET ADDRESS</b>	570 NW 109 AVE #4
<b>CITY-ST-ZIP</b>	MIAMI FL 33172
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **JAMES M DOWNS** **4/19/05 305-710-6874**