

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 030 ****61.25

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1. Entity Name
**FUNDACION EX-ALUMNOS INSTITUTO NACIONAL
CRISTOBAL COLON, INC.**



Principal Place of Business
**300 SW 107TH AVE STE 204
MIAMI, FL 33174**

Mailing Address
**P.O. BOX 227155
MIAMI, FL 33122-7155**

2. Principal Place of Business
12883 SW 150 Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33186

Country
MIAMI-DADE

Zip

Country

03092006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1222258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERMUDEZ, DENIS
300 SW 107TH AVE STE 204
MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name **Myriam Ada AYALA**

Street Address (P.O. Box Number is Not Acceptable)

12883 SW 150 Terrace

City **MIAMI,**

FL

Zip Code
33186

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

Signature, typed or printed name of registered agent and title if applicable.

Myriam A. AYALA, Asst. Secretary

March 9, 2006

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BRAUTIGAM, JERRY
12673 SW 146 TERR
MIAMI, FL 33186** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DOWNS, JAMES M
961 SW 119 PL
MIAMI, FL 33184** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
JACKSON-GAMEZ, KAREN
5704 SW 36 CT
HOLLYWOOD, FL 33023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LUIS, OSCAR
570 NW 109 AVE #4
MIAMI, FL 33172** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
DOWNS, JAMES M
961 SW 119 PL
MIAMI, FL 33184** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Secretary
AYALA, MYRIAM A
12883 SW 150 Terrace
MIAMI, FL 33186** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant : Treasurer
DOWNS, THEOGENE
3027 NW 17 Street
Miami, FL 33125** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/06 (305) 710-6874
Date Daytime Phone #