

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005039

1. Entity Name

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



Principal Place of Business

12883 SW 150 TERR
MIAMI FL 33186

Mailing Address

P.O. BOX 227155
MIAMI FL 33122-7155



1st MOORE

CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**AYALA, MYRIAM A
12883 SW 150 TERR
MIAMI FL 33186**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 P ☐ Delete
NAME DOWNS, JAMES M
STREET ADDRESS 961 SW 119 PL
CITY-STATE-ZIP MIAMI FL 33184

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

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

TITLE AS ☐ Delete
NAME AYALA, MYRIAM A
STREET ADDRESS 12883 SW 150 TERR
CITY-STATE-ZIP MIAMI FL 33186

TITLE AT ☐ Delete
NAME DOWNS, THEOGENE
STREET ADDRESS 3027 NW 17 ST
CITY-STATE-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recipient of 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
JAMES M. DOWNS

04/23/07 (303) 710-5874