

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005039

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

12883 SW 150 TERR
MIAMI, FL 33186

New Principal Place of Business:

11850 SW 49TH. STREET
MIAMI, FL 33173

Current Mailing Address:

961 SW 119 PL
MIAMI, FL 33184

New Mailing Address:

FEI Number: 20-122258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AYALA, MYRIAM A
11850 SW 49TH. STREET
MIAMI, FL 33175 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOWNS, JAMES M
Address: 961 SW 119 PL
City-St-Zip: MIAMI, FL 33184

Title: DS () Delete
Name: JACKSON-GAMEZ, KAREN
Address: 5704 SW 36 CT
City-St-Zip: HOLLYWOOD, FL 33023

Title: DT () Delete
Name: LUIS, OSCAR
Address: 570 NW 109 AVE #4
City-St-Zip: MIAMI, FL 33172

Title: AS () Delete
Name: AYALA, MYRIAM A
Address: 12883 SW 150 TERR
City-St-Zip: MIAMI, FL 33186

Title: AT () Delete
Name: DOWNS, THEOGENE
Address: 3027 NW 17 ST
City-St-Zip: MIAMI, FL 33125

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: AS (X) Change () Addition
Name: AYALA, MYRIAM A
Address: 11850 SW 49TH. STREET
City-St-Zip: MIAMI, FL 33175

Title: AT (X) Change () Addition
Name: DOWNS, THEOGENE
Address: 1700 DELAWARE PARK WAY
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M. DOWNS

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date