


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 037 ****61.25

DOCUMENT # N04000005042		
1. Entity Name DOXA INTERNATIONAL UNIVERSITY, INC.		

Principal Place of Business 10100 W SAMPLE RD 329 CORAL SPRINGS, FL 33065	Mailing Address 9861 W SAMPLE RD 171 CORAL SPRINGS, FL 33065
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60018957



2. Principal Place of Business 5400 W ATLANTIC Blvd	3. Mailing Address OK. SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02152006 Chg-NP CR2E037 (11/05)

City, State MARGATE	City & State
Zip 33063	Country FLORIDA

4. FEI Number 65-1230483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARINO, OSVALDO O 10100 W SAMPLE RD 329 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name MARINO, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 5400 W ATLANTIC Rd City MARGATE FL Zip Code 33063
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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

02/14/06

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARINO, OSVALDO O 10100 W SAMPLE RD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 W ATLANTIC Blvd. MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, MONICA S 10100 W SAMPLE RD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5400 W ATLANTIC Blvd MARGATE FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LARES, GUILLERMO 8810 SW 132 PL MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B AZARET, JANELLE 4525 SW 146 CT MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

02/14/06

954.978.7978