

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 27, 2009
Secretary of State

DOCUMENT# N04000005042

Entity Name: DOXA INTERNATIONAL UNIVERSITY, INC.**Current Principal Place of Business:**1750 UNIVERSITY DR
220
CORAL SPRINGS, FL 33071**New Principal Place of Business:****Current Mailing Address:**1750 UNIVERSITY DR
220
CORAL SPRINGS, FL 33071**New Mailing Address:****FEI Number:** 65-1230483**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARINO, OSVALDO O
1750 UNIVERSITY DR
220
CORAL SPRINGS, FL 33071 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: MARINO, OSVALDO O
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** S () Delete
Name: RUIZ, MONICA S
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** T () Delete
Name: LARES, GUILLERMO
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** D () Delete
Name: MARINO, CRISTIAN J
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: MARINO, CRISTIAN J
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: RUIZ, MONICA S
Address: 1750 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071

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: OSVALDO O MARINO

PR

10/27/2009

Electronic Signature of Signing Officer or Director_____
Date