2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N04000005232

Entity Name: FUNDACION EDUCATIVA CARLOS M. CASTANEDA, INC.

Current Principal Place of Business:

1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-1367155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTANEDA, LILLIAN
1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129 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: D ( ) Delete
Name: LEAL, GLORIA
Address: 1280 S. ALHAMBRA CIR., 1308
City-St-Zip: CORAL GABLES, FL 33149

Title: V ( ) Delete
Name: CASTANEDA, AILEEN
Address: 59 KINGS COURT APT. 903
City-St-Zip: SAN JUAN, PR 00911

Title: D ( ) Delete
Name: HERNANDEZ-ABREU, LUIS
Address: 10271 SW 72 STREET, STE. D-106
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: CASTANEDA, EMILY
Address: 2904 NORWICH DRIVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: P ( ) Delete
Name: CASTANEDA, LILLIAN
Address: 1925 BRICKELL AVE. D-1108
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete
Name: CASTANEDA, TANYA
Address: 40 S. PROSPECT DRIVE
City-St-Zip: CORAL GABLES, FL 33133

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LILLIAN CASTANEDA P 01/10/2009

Electronic Signature of Signing Officer or Director — Date