

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011155

FILED
Apr 11, 2008
Secretary of State

Entity Name: FRIENDS OF JAVERIANA UNIVERSITY USA, INC.

Current Principal Place of Business:

3100 N.E. 47TH COURT
PENTHOUSE 5
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

3100 N.E. 47TH COURT
PENTHOUSE 5
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 30-0285190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, BERNARDO MD
3100 N.E. 47TH COURT
PENTHOUSE 5
FORT LAUDERDALE, FL 33308 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, P () Delete
Name: MORENO, BERNARDO MD
Address: 3100 NE 47TH CT. , PENTHOUSE 5
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D,VP () Delete
Name: SALAZAR, MONICA
Address: 3640 YACHT CLUB RIDE APT. 902
City-St-Zip: AVENTURA, FL 33180 US

Title: D,ST () Delete
Name: SILVA, GABRIEL
Address: 8032 NW 154 STREET
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: D () Delete
Name: ROMERO, JAVIER MD
Address: 8600 NW 17 STREET
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: TAFUR, ANGELA MARIA
Address: 230 ISLAND DRIVE
City-St-Zip: KEY BISCAWAYNE, FL 33149

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:

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: MONICA SALAZAR

D,VP

04/11/2008

Electronic Signature of Signing Officer or Director

Date