

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-20-2006 90030 013 ****70.00

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DOCUMENT # N05000012901					
1. Entity Name INSTITUTO EDISON EDUCATIONAL ENDOWMENT FUND INC.					
Principal Place of Business 8700 WEST FLAGLER STREET SUITE 355 MIAMI, FL 33174			Mailing Address 8700 WEST FLAGLER STREET SUITE 355 MIAMI, FL 33174		
2. Principal Place of Business		3. Mailing Address		02082006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-4032865	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTONIO G HERNANDEZ PA 902 SALZEDO SUITE 2 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 GUTIERREZ, ARIEL E 8700 WEST FLAGLER SUITE #355 MIAMI, FL 33174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY EDILIA F. DIAZ 8700 WEST FLAGLER STREET SUITE 355 MIAMI FLORIDA 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER LILIANA LOPEZ 350 GRAPETREE DRIVE APT. 407 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ENRIQUE H. GUTIERREZ 8700 WEST FLAGLER STREET SUITE 355 MIAMI FLORIDA 33174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ANA CRESPO 5020 BAYSHORE BLVD APT. 705 TAMPA, FLORIDA 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
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: _____		AMEL E. GUTIERREZ		2/14/06 (305) 553-9911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	