


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012901 1. Entity Name INSTITUTO EDISON EDUCATIONAL ENDOWMENT FUND INC.	
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Principal Place of Business 8700 WEST FLAGLER STREET SUITE 355 MIAMI, FL 33174	Mailing Address 8700 WEST FLAGLER STREET SUITE 355 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4032865	Applied For Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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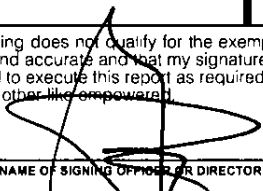
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, ARIEL E 8700 WEST FLAGLER SUITE #355 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, EDILIA F 8700 W FLAGLER ST SUITE 355 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, LILIA A 350 GRAPETREE DR APT 407 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ENRIQUE H 8700 W FLAGLER ST SUITE 355 MIAMI, FL 331749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESPO, ANA 5020 BAYSHORE BLVD APT 705 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/16/08-80033-023 70.00

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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: Ariel E. Gutierrez  **01/07/2008** **305 553-8911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #