## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012059

Apr 24, 2008 Secretary of State

**Entity Name: FIU ATHLETICS FINANCE CORPORATION** 

**Current Principal Place of Business: New Principal Place of Business:** 11200 SW 8TH STREET PC 511 MIAMI, FL 33199 **Current Mailing Address: New Mailing Address:** 11200 SW 8TH STREET PC 511 MIAMI, FL 33199 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENDOZA, CRISTINA L ESQ 11200 SW 8TH STREET PC 511 MIAMI, FL 33199 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DE CESPEDES, JORGE Name: Name: Address: 3075 NW 107 AVENUE Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: VC () Delete Title: VC (X) Change ( ) Addition Name: ARRIOLA, JOE Name: POZO, JUSTO Address: 121 ALHAMBRA PLAZA, SUITE 1100 Address: 9100 S. DADELAND BLVD., STE 1250 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33156 Title: () Delete Title: (X) Change ( ) Addition ZYNE, ALEX MILLER, JOHN Name: Name: 11200 SW 8 STREET, PC 523 11200 SW 8 STREET, PC 523 Address: Address: City-St-Zip: MIAMI, FL 33199 City-St-Zip: MIAMI, FL 33199 Title: ( ) Delete Title: () Change () Addition VELASCO, JOÉ Name: Name: Address: 11200 SW 8 STREET, MARC 560 Address: City-St-Zip: MIAMI, FL 33199 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: CRISTINA L. MENDOZA RΑ 04/24/2008