2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT FILED Jul 07, 2008 Secretary of State

DOCUMENT# N07000009525

Entity Name: UC-CANF, INC.

Current Principal Place of Business: New Principal Place of Business:

1312 S.W. 27 AVENUE MIAMI, FL 33144 US

Current Mailing Address: New Mailing Address:

1312 S.W. 27 AVENUE MIAMI, FL 33144

FEI Number: 32-0215296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIDAL, LINCOLN M ESQ 7665 CORPORATE CENTER DRIVE MIAMI, FL 33126

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: (X) Change () Addition () Delete NODARSE-LEON, ANDRO NODARSE-LEON, ANDRO Name: Name: 848 BRICKELL AVENUE, SUITE 1010 Address: 848 BRICKELL AVENUE, SUITE 1010 Address: City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US Title: Title: () Change (X) Addition () Delete Name: Name: VIDAL, LINCOLN M Address: Address: 7665 CORPORATE CENTER DRIVE City-St-Zip: City-St-Zip: MIAMI, FL 33129 US Title: () Delete Title: () Change (X) Addition GOMEZ, TONY Name: Name: 3000 CORAL WAY, SUITE 613 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33145 US Title: () Delete Title: () Change (X) Addition Name: Name: LAPICA, AXEL 100 S.E. 2ND STREET, SUITE 2100 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 US Title: () Delete Title: () Change (X) Addition LAFUENTE, PABLO Name: Name: 1875 PENNSYLVANIA AVENUE, NW Address: Address: WASHINGTON, DC 20006 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition SUAREZ, FRADYN Name: Name: Address: Address: 71 S WACKER DRIVE CHICAGO, IL 60606 US City-St-Zip: 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: /LINCOLN M. VIDAL/ D 07/07/2008