2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011401

Entity Name: UNIVERSIDAD AUTONOMA DEL CARIBE, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

10530 N.W. 26TH STREET, SUITE F-107 13210 BISCAYNE BOULEVARD DORAL, FL 33172 NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

10530 N.W. 26TH STREET, SUITE F-107 13210 BISCAYNE BOULEVARD DORAL, FL 33172 NORTH MIAMI, FL 33181

FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CABANAS & ASSOCIATES, P.A. GRISALES-RACINI, OSCAR 10520 N.W. 26TH STREET, SUITE C-201 2999 NE 191 ST CONCORDE CENTRE II PH-8

MIAMI, FL 33172 AVENTURA, FL 33180 US US

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: OSCAR GRISALES-RACINI, ESQ. 05/01/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GETTE PONCE, SILVIA B GETTE PONCE, SILVIA B Name: Name: 10530 N.W. 26TH STREET, SUITE F-107 Address: 13210 BISCAYNE BOULEVARD Address:

City-St-Zip: DORAL, FL 33172 City-St-Zip: NORTH MIAMI, FL 33181

Title: () Delete Title: (X) Change () Addition Name: GARCIA VISBAL, PAUL E Name: GARCIA VISBAL, PAUL E

Address: 10530 N.W. 26TH STREET, SUITE F-107 Address: 13210 BISCAYNE BOULEVARD City-St-Zip: DORAL, FL 33172 City-St-Zip: NORTH MIAMI, FL 33181

Title: () Delete Title: () Change (X) Addition

BUSTAMANTE, ORIETTA Name: Name: 13210 BISCAYNE BOULEVARD Address: Address: City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33181

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: ORIETTA BUSTAMANTE DIR 05/01/2009