2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N15575

Entity Name: INSTITUTO PATRIOTICO Y DOCENTE SAN CARLOS, INC.

Current Principal Place of Business:

516 DUVAL STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 145113
CORAL GABLES, FL 33114

New Mailing Address:

516 DUVAL STREET
KEY WEST, FL 33040

FEI Number: 59-2716132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENALVER, RAFAEL A MR.
800 S. GREENWAY DRIVE
,
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PENALVER, RAFAEL A MR.
2655 LE JEUNE ROAD
SUITE 508
CORAL GABLES, FL 33134 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PENALVER JR., RAFAEL A
Address: 1101 BRICKELL AVE #1700
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: GARRIDO, JOE
Address: 212 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: FERNANDEZ, GEORGE
Address: 1316 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: FARALDO, MONICA
Address: 841 HERON AVENUE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: TD (X) Delete
Name: DE YURRE, VICTOR
Address: 800 CAPRI
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PENALVER JR., RAFAEL A
Address: 2655 LE JEUNE ROAD. SUITE 508
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: RAFAEL A. PENALVER PD 04/30/2008
Electronic Signature of Signing Officer or Director — Date