2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27183

FILED Jan 27, 2009 Secretary of State

Entity Name: FUNDACION LASALLISTA DE MIAMI INC.

Current Principal Place of Business: New Principal Place of Business: 901 PONCE DE LEON BLVD. SUITE 606 CORAL GABLES, FL 33134 US **Current Mailing Address: New Mailing Address:** 901 PONCE DE LEON BLVD. SUITE 606 CORAL GABLES, FL 33134 US FEI Number: 65-0056973 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: ABASCAL, EDUARDO GARCIA 901 PONCE DE LEON BLVD S606 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CASTRO, HUGO, CASTRO, HUGO, Name: Name: 8197 W. 14 COURT Address: 7411 SW 66 ST Address: HIALEAH, FL City-St-Zip: City-St-Zip: MIAMI, FL 33143 Title: SD Title: (X) Change () Addition () Delete VILA, LEONARDO, Name: ARELLANO, JOSE M, Name: Address: 2900 SW 66 TERRACE Address: 921 ANASTASIA AVE City-St-Zip: MIRAMAR, FL City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: (X) Change () Addition ABASCAL, EDUARDO GAR, CIA ALVARINO, JOSE, Name: Name: 901 PONCE DE LEON BLVD S606 Address: Address: 1215 SOROLLA AVE City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134 () Delete Title: Title: () Change (X) Addition BESTARD, JOSE M, Name: Name: 6101 NW 40 TER Address: Address: City-St-Zip: City-St-Zip: VIRGINIA GARDENS, FL 33166 Title: () Delete Title: () Change (X) Addition CUETO, GUILLERMO, Name: Name: 4318 ALTON RD Address: Address: City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33140 Title: () Delete Title: () Change (X) Addition MIRET, GERMAN, Name: Name: Address: Address: 8260 SW 91 ST MIAMI, FL 33156 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: JOSE M BESTARD S 01/27/2009