

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004907

FILED
Jan 20, 2008
Secretary of State

Entity Name: CONFEDERACION AMERICANA DE UROLOGIA CAU, INC.

Current Principal Place of Business:

5675 NW 109 AVE
#38
MIAMI, FL 33178

New Principal Place of Business:

5625 NW 109 AVE
#62
MIAMI, FL 33178

Current Mailing Address:

PO BOX 522127
MIAMI, FL 331522127

New Mailing Address:

FEI Number: 65-0936865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORDERO, ALFONSO
8025 NW 36 STREET
SUITE 302
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: COSTA, MIGUEL
Address: 5675 NW 109 AVE #38
City-St-Zip: MIAMI, FL 33178

Title: PD () Delete
Name: WROCLAWSKI, ERIC
Address: 5675 NW 109 AVE #38
City-St-Zip: MIAMI, FL 33178

Title: PD () Delete
Name: CASTILLO, OCTAVIO
Address: 5675 NW 109 AVE #38
City-St-Zip: MIAMI, FL 33178

Title: PD () Delete
Name: PALMA, PAULO
Address: 5675 NW 109 AVE #38
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COSTA, MIGUEL
Address: 5625 NW 109 AVE #62
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Change () Addition
Name: WROCLAWSKI, ERIC
Address: 5625 NW 109 AVE #62
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Change () Addition
Name: CASTILLO, OCTAVIO
Address: 5625 NW 109 AVE #62
City-St-Zip: MIAMI, FL 33178

Title: PD (X) Change () Addition
Name: PALMA, PAULO
Address: 5625 NW 109 AVE #62
City-St-Zip: MIAMI, FL 33178

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: MIGUEL COSTA

PD

01/20/2008

Electronic Signature of Signing Officer or Director

Date