## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # P04000166065** 04-26-2005 90141 031 \*\*\*158.75 1. Entity Name ROYAL SAINT JOHN OF JERUSALEM UNIVERSITY, INC Principal Place of Business Mailing Address 3 U U U U U U I 911 E PONCE DE LEON BLVD P.O. BOX 140333 CORAL GABLES, FL 33134 US 1504 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-2010809 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADILLA, VICTOR M JR. Street Address (P.O. Box Number is Not Acceptable) 911 E PONCE DE LEON BLVD CORAL GABES, FL 33134 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. VP S DPST TITLE TITLE Change □ Defete ☐ Addition PADILIA, VICTOR M. TT. PADILLA, VICTOR M JR NAME NAME 911 Ponce De LEON BIUD #1504 STREET ADDRESS 911 E PONCE DE LEON BLVD STREET ADDRESS CORAC GAOUS, Fl. 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MARTINEZ BARRERA, JOSE NAME NAME 911 E. Ponce De leon Blub. #1504 STREET ADDRESS STREET ADDRESS CONHGABLES, H. 33134 CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change Addition HIRALDO, MARIAG. NAME NAME 911 E. Ponce De Leon Blup # 1504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORM GABLOS, H. 33134 ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/01- 305 266 0035-

**FILED**