

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90184 002 \*\*\*150.00

60037199



04172006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3401236** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # P05000107202**

1. Entity Name  
**PASEO UNIVERSITARIO USA, INC.**



Principal Place of Business  
**11880 SW 19TH TERR APT 121  
MIAMI, FL 33175-8752**

Mailing Address  
**11880 SW 19TH TERR APT 121  
MIAMI, FL 33175-8752**

2. Principal Place of Business  
**7795 W Flagler St.  
Suite, Apt. #, etc. # 7.**

3. Mailing Address  
**7795 W Flagler St.  
Suite, Apt. #, etc. # 7.**

City & State  
**Miami FL.**

City & State  
**Miami FL.**

Zip  
**33144** Country  
**USA.**

Zip  
**33144** Country  
**USA.**

6. Name and Address of Current Registered Agent  
**ALMAZAN, RUBEN  
11880 SW 19TH TERR APT 121  
MIAMI, FL 33175-8752**

7. Name and Address of New Registered Agent  
Name **Ruben Almazan**  
Street Address (P.O. Box Number is Not Acceptable)  
**11880 SW 19th Terr. Apt. 121**  
City **Miami** FL Zip Code **33175**

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] (NOTE: Registered Agent signature required when reinstating)

DATE **4/29/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALEMAN, GERMAN BOULEVAR LA HACIENDA EDIF. SABANA 1 APT 4 TEGUCIGALPA HONDURAS.</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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: [Signature] DATE **4/29/06** (305) 266-8915

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR