

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141822

FILED
Apr 30, 2008
Secretary of State

Entity Name: ADOLFO IBANEZ SCHOOL OF MANAGEMENT, INC.

Current Principal Place of Business:

ADOLFO IBAÑEZ SCHOOL OF MANAGEMENT, INC.
1221 BRICKELL AVENUE , SUITE 300
MIAMI, FL 33131

New Principal Place of Business:

ADOLFO IBAÑEZ SCHOOL OF MANAGEMENT, INC.
1221 BRICKELL AVENUE , SUITE 300
MIAMI, FL 33131

Current Mailing Address:

ADOLFO IBAÑEZ SCHOOL OF MANGEMENT, INC.
1221 BRICKELL AVENUE , SUITE 300
MIAMI, FL 33131

New Mailing Address:

ADOLFO IBAÑEZ SCHOOL OF MANGEMENT, INC.
1221 BRICKELL AVENUE , SUITE 300
MIAMI, FL 33131

FEI Number: 27-0133830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRO, JOSE F
8325 NW 53 ST
SUITE 102
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DROPELMAN, JAIME
Address: 1200 BRICKELL AVE STE 300
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: LETELIER, MAX
Address: 1200 BRICKELL AVE STE 300
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: BENITEZ, ANDRES
Address: 1200 BRICKELL AVE STE 300
City-St-Zip: MIAMI, FL 33131

Title: TS () Delete
Name: MOLINA, RAMON
Address: 1200 BRICKELL AVE STE 300
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: PADRO, JOSE F
Address: 8325 NW 53 ST, SUITE 102
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: RODRIGUEZ, RAQUEL E
Address: 8325 NW 53 ST, SUITE 102
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE F. PADRÓ

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04/30/2008

Electronic Signature of Signing Officer or Director

Date