

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90061 001 ***150.00
01-31-2007 90061 002 *****8.75

DOCUMENT # P06000021270 1. Entity Name FLORIDA ASSOCIATION OF STUDENT LOAN INC					
Principal Place of Business 6655 SW 8 STREET MIAMI, FL 33144			Mailing Address 6655 SW 8 STREET MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # 6653 SW. 8th ST.		3. Mailing Address P.O. BOX 441833			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State MIAMI FL.		City & State MIAMI FL.		4. FEI Number EIN - 20-4312241	
Zip 33144		Country DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALCURIA, ARMANDO 6655 SW 8 STREET MIAMI, FL 33144		7. Name and Address of New Registered Agent Name ARGELIA ALCURIA Street Address (P.O. Box Number is Not Acceptable) 6653 SW. 8 STREET City MIAMI FL FL Zip Code 33144			
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 <u><i>Argelia Alcuria</i></u> 01-28-007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ALCURIA, ARGELIA 6655 SW 8 STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALCURIA, ARMANDO 6655 SW 8 STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALCURIA, ARGELIA 6655 SW 8 STREET MIAMI, FL 33144	<input type="checkbox"/> Delete			
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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: <u><i>Argelia Alcuria</i></u> 01-27-07 305-264-4972 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ARGELIA ALCURIA					