2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076686

13020 NW 9TH LANE

MIAMI, FL 33182 US

Address:

City-St-Zip:

Entity Name: AUTONOMOUS UNIVERSITY OF QUITO, INC

FILED Apr 30, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|--------------------------------|---|---|--|
| 2051 NW SUITE 125 MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2051 NW SUITE 125 MIAMI, FL | | | 5803 NW 151 ST 205 MIAMI LAKES, FL 33 | 014 | |
| FEI Number | : 26-3282778 I | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| CASTRO, JUAN 5803 NW 18 CT 205 MIAMI LAKES, FL 33014 US | | | | 13020 NW 9TH LANE | |
| | e named entity sub e of Florida. | omits this statement for the p | urpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: GLORIA AYALA | | | | 04/30/2009 | |
| | Electronic | Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financing Tr | rust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P () De ROJAS, VICENTE 13020 NW 9TH LAI MIAMI, FL 33182 U | NE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P () De AYALA, GLORIA M 13020 NW 9TH LAI MIAMI, FL 33182 U | NE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () De ROJAS,., VICENTE 13020 NW 9TH LA MIAMI, FL 33182 U | : A JR. NE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP () De ROJAS, MARIA BE | | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: GLORIA AYALA P 04/30/2009