

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 11, 2008  
Secretary of State

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Entity Name: FRIENDS OF JAVERIANA UNIVERSITY USA, INC.

**Current Principal Place of Business:**

3100 N.E. 47TH COURT  
PENTHOUSE 5  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 N.E. 47TH COURT  
PENTHOUSE 5  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 30-0285190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORENO, BERNARDO MD  
3100 N.E. 47TH COURT  
PENTHOUSE 5  
FORT LAUDERDALE, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: D, P      ( ) Delete  
Name: MORENO, BERNARDO MD  
Address: 3100 NE 47TH CT. , PENTHOUSE 5  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D,VP      ( ) Delete  
Name: SALAZAR, MONICA  
Address: 3640 YACHT CLUB RIDE APT. 902  
City-St-Zip: AVENTURA, FL 33180 US

Title: D,ST      ( ) Delete  
Name: SILVA, GABRIEL  
Address: 8032 NW 154 STREET  
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: D      ( ) Delete  
Name: ROMERO, JAVIER MD  
Address: 8600 NW 17 STREET  
City-St-Zip: MIAMI, FL 33126

Title: D      ( ) Delete  
Name: TAFUR, ANGELA MARIA  
Address: 230 ISLAND DRIVE  
City-St-Zip: KEY BISCAWAYNE, FL 33149

**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:

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

SIGNATURE: MONICA SALAZAR

D,VP

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date