

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000092395

**FILED**  
**Jan 20, 2024**  
**Secretary of State**  
**1011228570CC**

**Entity Name:** ABSOULUTE CHRISTIAN UNIVERSITY INTERNATIONAL  
EDUCATION CORPORATE

**Current Principal Place of Business:**

848 BRICKELL AVE  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AVE  
MIAMI, FL 33131 US

**FEI Number:** 35-2645291

**Certificate of Status Desired:** Yes

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

DUVEKOT , CORPORATION  
848 BRICKELL AVE  
MIAMI, FL 33131 US

*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:** DUVEKOT CORPORATION

01/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name SALVADOR, DR. ALEXANDRE DR.  
Address 848 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title COO  
Name SOUZA, DR. AGEU DIAS DE  
Address 848 BRICKELL AVE  
848  
City-State-Zip: MIAMI FL 33131

Title CHIEF MARKETING OFFICER  
Name MOURA, DR. LOURENÇO  
Address 848 BRICKELL AVE  
848  
City-State-Zip: MIAMI FL 33131

Title CHIEF HUMAN RESOURCES OFFICER  
Name BEBIANO, EDILSON  
Address BRICKELL AVE  
848  
City-State-Zip: MIAMI FL 33131

Title SECRETARIAL AND FINANCIAL ASSISTANT  
Name AMORIM, JOSIMARA DA S. C.  
Address 848 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title CHIEF INFORMATION OFFICER  
Name PAGOTTO, AKISS F.  
Address 848 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title CHIEF TECHNOLOGY OFFICER  
Name SUHET, LUCAS A.  
Address 848 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

Title CHIEF LEGAL OFFICER  
Name ENDRINGER, DRA. CAMILA  
Address 848 BRICKELL AVE  
City-State-Zip: MIAMI FL 33131

*I hereby 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 all other like empowered.*

**SIGNATURE:** SALVADOR , DR. ALEXANDRE , DR.

CEO

01/20/2024

Electronic Signature of Signing Officer/Director Detail

Date