


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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

01-31-2007 90053 036 ****61.25

DOCUMENT # 713496
1. Entity Name
AMERICAN DOMINICAN ALUMNAE, INC.



Principal Place of Business Mailing Address
P.O. BOX 141365 P.O. BOX 141365
CORAL GABLES FL 33114-1365 CORAL GABLES FL 33114-1365



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-6212193 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARECHABALA, AMPARO
8311 SW 32 TERR
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City **FL** Zip Code

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 *AMPARO ARECHABALA Amparo Arechabala* *01/24/07*
Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when registering. DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	DUDLEY, BLANCA B	
STREET ADDRESS	405 MALAGA	
CITY ST ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ENCARNACION	
STREET ADDRESS	10214 SW 26 TERRACE	
CITY ST ZIP	MIAMI FL 33165	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, AIDA R	
STREET ADDRESS	1788 FAIRHAVEN PLACE	
CITY ST ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARECHABALA, AMPARO A	
STREET ADDRESS	8311 SW 32 TERR	
CITY ST ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>2302 SW 81 TERR.</i>	
CITY ST ZIP	<i>MIAMI FL 33143</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Aida R. Scott* *AIDA R. SCOTT* *01/24/07* *305/270-0067*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #