

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713496

FILED
Mar 30, 2009
Secretary of State

Entity Name: AMERICAN DOMINICAN ALUMNAE, INC.

Current Principal Place of Business:

P.O. BOX 141365
CORAL GABLES, FL 331141365

New Principal Place of Business:

1412 EL RADO STREET
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 141365
CORAL GABLES, FL 331141365

New Mailing Address:

FEI Number: 59-6212193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARECHABALA, AMPARO
8311 SW 32 TERR
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

FRESEN, MILLIE
1412 EL RADO STREET
CORAL GABLES, FL 33134 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: MILLIE FRESEN

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DUDLEY, BLANCA B
Address: 405 MALAGA
City-St-Zip: MIAMI, FL 33134

Title: SD () Delete
Name: RODRIGUEZ, ENCARNACION
Address: 10214 SW 26 TERRACE
City-St-Zip: MIAMI, FL 33165

Title: PD () Delete
Name: SCOTT, AIDA R
Address: 8302 SW 81 TERR
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: ARECHABALA, AMPARO A
Address: 8311 SW 32 TERR
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEDRANO, MIGNON
Address: 90 EDGEWATER DRIVE #1110
City-St-Zip: CORAL GABLES, FL 33133

Title: VP (X) Change () Addition
Name: SIBLESZ, MAGALI
Address: 440 CALIGULA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: SC (X) Change () Addition
Name: CUERVO-RUBIO, ILEANA
Address: 14780 S.W. 78TH STREET
City-St-Zip: MIAMI, FL 33156

Title: TD (X) Change () Addition
Name: FRESEN, MILLIE
Address: 1412 EL RADO STREET
City-St-Zip: CORAL GABLES, FL 33134

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: MILLIE FRESEN

TD

03/30/2009

Electronic Signature of Signing Officer or Director

Date