

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713496

FILED  
Jun 22, 2011  
Secretary of State

**Entity Name:** AMERICAN DOMINICAN ALUMNAE, INC.

**Current Principal Place of Business:**

1412 EL RADO STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**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:**

FRESEN, MILLIE  
1412 EL RADO STREET  
CORAL GABLES, FL 33134      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: PD  
Name: MEDRANO, MIGNON  
Address: 90 EDGEWATER DRIVE #1110  
City-St-Zip: CORAL GABLES, FL 33133

Title: VP  
Name: SIBLESZ, MAGALI  
Address: 440 CALIGULA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: SC  
Name: DE LAS CUEVAS, FLORA  
Address: 7160 N.W. 109TH COURT  
City-St-Zip: DORAL, FL 33178

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

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

SIGNATURE: MILLIE FRESEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

06/22/2011

\_\_\_\_\_  
Date