


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90027 025 \*\*\*\*70.00

<b>DOCUMENT # 752656</b>	
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<b>1. Entity Name</b> <b>ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.</b>	<b>Mailing Address</b> <b>115 NW 59 CT</b> <b>MIAMI, FL 33126</b> <b>P.O. BOX 652221</b> <b>MIAMI, FL 33265-2221</b>
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> <b>59-2064384</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>PICHARDO, ALEIDA</b> <b>319 CADIMA AVE.</b> <b>CORAL GABLES, FL 33134</b>
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<b>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.</b>
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <b>DATE</b> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>March/6/2005</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>PICHARDO, ALEIDA</b>
<b>STREET ADDRESS</b>	<b>319 CADIMA AVE.</b>
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33134</b>
<b>TITLE</b>	<b>VPD</b>
<b>NAME</b>	<b>CALZADO, YOLANDA</b>
<b>STREET ADDRESS</b>	<b>115 NW 59 CT.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33126</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>GONZALEZ, DOLORES</b>
<b>STREET ADDRESS</b>	<b>8285 SW 41 ST</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33155</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>VALDES, JOSEFINA</b>
<b>STREET ADDRESS</b>	<b>8045 NW 7TH ST AKT 107</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33126</b>
<b>TITLE</b>	<b>VSD</b>
<b>NAME</b>	<b>CAL, LAURA</b>
<b>STREET ADDRESS</b>	<b>440 NW 59 CT.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33126</b>
<b>TITLE</b>	<b>VTD</b>
<b>NAME</b>	<b>MARCO, EMMA</b>
<b>STREET ADDRESS</b>	<b>12770 SW 20 TERR.</b>
<b>CITY-ST-ZIP</b>	<b>MIAMI, FL 33175</b>

**DO NOT WRITE IN THIS SPACE**

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>
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<b>SIGNATURE:</b> <u><i>Aleida Pichardo</i></u> <b>(PRESIDENT)</b>	<b>MARCH/6/2005 (305) 4446399</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>