


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 752656
 1. Entity Name
ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.



Principal Place of Business
**319 CADIMA AVE.
 CORAL GABLES, FL 33134**

Mailing Address
**PO BOX 652221
 MIAMI, FL 33265-2221**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP CR2E037 (11/05)

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

6. Name and Address of Current Registered Agent

**PICHARDO, ALEIDA
 319 CADIMA AVE.
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICHARDO, ALEIDA 319 CADIMA AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALZADO, YOLANDA 115 NW 59 CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DOLORES 8285 SW 41 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALDES, JOSEFINA 8045 NW 7TH ST AKT 107 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAL, LAURA 440 NW 59 CT. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARCO, EMMA 12770 SW 20 TERR. MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

100000433093
 02/24/06-80002-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aleida Pichardo **02-01-2006** 305-444-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #