

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90001 022 ****61.25



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

Principal Place of Business
**600 SW 89 CT
 MIAMI, FL 33174**

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



2. Principal Place of Business - No P.O. Box #
600 SW 89 CT

3. Mailing Address
PO BOX 442904

05302008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
MIAMI, FL 33174

Suite, Apt. #, etc.
MIAMI, FL

4. FEI Number
59-2064384

Applied For
 Not Applicable

Zip
33174

Country
US

Zip
US

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**VELASCO, DALIA G
 600 S.W 89 COURT
 MIAMI, FL 33174**

7. Name and Address of New Registered Agent
 Name **n/a**
 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 *Dalia G Velasco* **6/1/08**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VELASCO, DALIA G 600 S.W 89 COURT MIAMI, FL 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALZADO, YOLANDA 115 NW 59 CT. MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPON, ACELA 300 N.W 23 PLACE MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCO, EMMA 12770 SW 20 TE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LINARES, ALEIDA 10237 NW 9 ST CIRCLE APT 204 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARREDONDO, ELVIRA 431 CANDIA CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DINORAH ESPINOSA 2605 Anderson Rd #2 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lucia P. Mareque 1581 Brickell Ave #808 MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Raquel Lavista 41 NW 40 Ave. MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Angela H. Aguilera 1228 West Ave #906 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Aleida Linares 10237 NW 9 St #204 MIAMI, FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dalia G Velasco*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/08 786-512-3837
 Date Daytime Phone #