

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752656

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.

**Current Principal Place of Business:**

600 SW 89 CT  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 442904  
MIAMI, FL 33265

**New Mailing Address:**

PO BOX 2904  
MIAMI, FL 33144

FEI Number: 59-2064384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELASCO, DALIA G  
600 S.W 89 COURT  
MIAMI, FL 33174 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 ( ) Delete  
Name: VELASCO, DALIA G  
Address: 600 S.W 89 COURT  
City-St-Zip: MIAMI, FL 33174

Title: VPD ( ) Delete  
Name: ESPINOSA, DINORAH  
Address: 2605 ANDERSON RD #2  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: MAREQUE, LUCIA  
Address: 1581 BRICKELL AVE #808  
City-St-Zip: MIAMI, FL 33129

Title: TD ( ) Delete  
Name: LAVISTA, RAQUEL  
Address: 41 NW 40 AVE  
City-St-Zip: MIAMI, FL 33126

Title: VSD ( ) Delete  
Name: AGUILERA, ANGELA H  
Address: 1228 WEST AVE #906  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VTD ( ) Delete  
Name: LINARES, ALEIDA  
Address: 10237 NW 9 ST #204  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MAREQUE, LUCIA P  
Address: 1581 BRICKELL AVE #808  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DALIA G VELASCO

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date