2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N17286

1. Entity Name
NATIONAL ASSOCIATION OF PEDAGOGUES OF CUBA, INC.

Principal Place of Business	Mailing Address
130 SW 32ND AVE. C/O DR. ROLANDO ESPINOSA CARBALLO MIAMI, FL 33135-1141 US	130 SW 32ND AVE. C/O DR. ROLANDO ESPINOSA CARBALLO MIAMI, FL 33135-1141 US

01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARBALLO, ROLANDO ESPINOSA
130 S.W. 32ND AVENUE
MIAMI, FL 33135

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARBALLO,ROLANDO ESPINOS
STREET ADDRESS	130 SW 32ND AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	JORCANO, DEMETRIO PEREZ
STREET ADDRESS	904 SW 23 AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	FERRER,ARMINDA MARI
STREET ADDRESS	611 N W 35 AVE #1
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	GARCIA,JUANA O.LOPEZ
STREET ADDRESS	4350 NW 8 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/05-80083-021 61.25

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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.

SIGNATURE: _____ 1-6-05 305-448715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #