

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764889

FILED
Feb 24, 2009
Secretary of State

Entity Name: INSTITUTO EDISON ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 520883
MIAMI, FL 33152

New Principal Place of Business:

9711 SW 11TH TERRACE
MIAMI, FL 33174

Current Mailing Address:

PO BOX 520883
MIAMI, FL 33152

New Mailing Address:

FEI Number: 59-2231983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, ARMANDO
12832 SW 62 LANE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

VEGA, ALFONSO
9711 SW 11TH TERRACE
MIAMI, FL 33174 US

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: ALFONSO VEGA

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GUTIERREZ, ARMANDO
Address: 12832 SW 62 LANE
City-St-Zip: MIAMI, FL 33183

Title: PD () Delete
Name: FERNANDEZ, PEDRO
Address: 9240 SW 96 AVE
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: SANCHEZ, CARMEN
Address: 801 SW 141 AVE, APT. 410
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: VEGA, ALFONSO
Address: 9711 SW 11TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: V/D (X) Change () Addition
Name: COLLADO, LOURDES
Address: 1000 PONCE DE LEON BLVD #112
City-St-Zip: CORAL GABLES, FL 33134

Title: S/D (X) Change () Addition
Name: SANCHEZ, CARMEN
Address: 801 SW 141 AVE, APT. 410
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T/D () Change (X) Addition
Name: ALVAREZ, CARMEN
Address: 1000 PONCE DE LEON BLVD #112
City-St-Zip: CORAL GABLES, FL 33134

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: ALFONSO VEGA

P/D

02/24/2009

Electronic Signature of Signing Officer or Director

Date