

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713496

**FILED**  
**Feb 26, 2013**  
**Secretary of State**  
**CC7187682316**

**Entity Name:** AMERICAN DOMINICAN ALUMNAE, INC.

**Current Principal Place of Business:**

1412 EL RADO STREET  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 141365  
CORAL GABLES, FL 33114-1365

**FEI Number:** 59-6212193

**Certificate of Status Desired:** No

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

FRESEN, MILLIE  
1412 EL RADO STREET  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           VP  
Name           SIBLESZ, MAGALI  
Address        440 CALIGULA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title           SC  
Name           DE LAS CUEVAS, FLORA  
Address        7160 N.W. 109TH COURT  
City-State-Zip: DORAL FL 33178

Title           PD  
Name           FRESEN, MILLIE  
Address        1412 EL RADO STREET  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** MILLIE FRESEN

**PRESIDENT**

**02/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date