

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/4

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-04-2004 90093 027 ****61.25

| | |
|----------------------------------|--|
| DOCUMENT # 713496 | |
| 1. Entity Name | |
| AMERICAN DOMINICAN ALUMNAE, INC. | |



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| P.O. BOX 141365 CORAL GABLES FL 33114-1365 | P.O. BOX 141365 CORAL GABLES FL 33114-1365 |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



MOORE CR2E037 (11/03)

| | | |
|---|------------|--------------------------------|
| 4. FEI Number | 59-6212193 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| RODRIGUEZ, DANIA A 920 ALTARA AVE CORAL GABLES FL 33146 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--|--|-----------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|----------------------|---|------------------------|
| TITLE | VP | TITLE | |
| NAME | DUDLEY, BLANCA B | NAME | |
| STREET ADDRESS | 405 MALAGA | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33134 | CITY-ST-ZIP | |
| TITLE | SD | TITLE | |
| NAME | GOVIN, MARTHA P | NAME | RODRIGUEZ, ENCARNACION |
| STREET ADDRESS | 12040 SW 102 TERR | STREET ADDRESS | 10214 S.W. 26 TERR. |
| CITY-ST-ZIP | MIAMI FL 33176 | CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | PD | TITLE | |
| NAME | SCOTT, AIDA R | NAME | |
| STREET ADDRESS | 1788 FAIRHAVEN PLACE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33133 | CITY-ST-ZIP | |
| TITLE | TD | TITLE | |
| NAME | ARECHABALA, AMPARO A | NAME | |
| STREET ADDRESS | 6615 SW 47 STREET | STREET ADDRESS | 11527 SW. 64 ST |
| CITY-ST-ZIP | MIAMI FL 33155 | CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Aida R. Scott (AIDA R. SCOTT) 02/19/04 305/854-2864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Decline Phone #