

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 036 ****61.25

DOCUMENT # 715380

1. Entity Name

**ALUMNI ASSOCIATION OF THE APOSTOLATE OF CUBA
(IN EXILE) INC.**



Principal Place of Business

**PO BOX 650721
MIAMI FL 33265
US**

Mailing Address

**PO BOX 650721
MIAMI FL 33265
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7155380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PENA, MARIA ANTONIA D
10990 SW 59TH TERR
MIAMI FL 33173-1148**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASANOVA DE PUNAL, TERESITA	
STREET ADDRESS	5730 SW 4TH STREET	
CITY- ST- ZIP	MIAMI FL 33144	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DURAN DE PENIA, MARIA	
STREET ADDRESS	10990 S.W. 59TH TERR.	
CITY- ST- ZIP	MIAMI FL 33173	
TITLE	T PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ BORGES, CIRA	
STREET ADDRESS	6841 SW 2ND TERR	
CITY- ST- ZIP	MIAMI FL 33144	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ALVAREZ DE RODRIGUEZ, MARINA	
STREET ADDRESS	2915 SW 93RD PLACE	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez Bobes, Helena	
STREET ADDRESS	8430 SW 88 St.	
CITY- ST- ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Maria A. Durán de Peña

Maria A. Durán de Peña 4/10/2008 305-271-4151