

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724024**

1. Entity Name  
**AGRUPACION DE ANTIGUAS ALUMNAS TERESIANAS  
CUBANAS EN EL EXILIO**



Principal Place of Business  
**P.O. BOX 141767  
CORAL GABLES, FL 33114**

Mailing Address  
**P.O. BOX 141767  
CORAL GABLES, FL 33114**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7280115**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, ESPERANZA  
9400 W FLAGLER ST APT. 304  
MIAMI, FL 33174**

**DO NOT WRITE  
IN THIS SPACE**

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 required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000614490  
02/06/07-80033-011 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LOPEZ, ESPERANZA
STREET ADDRESS	9400 W FLAGLER ST APT. 304
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VPD
NAME	DAYSIA, ESTHER PEREZ
STREET ADDRESS	9145 FOUNTAINBLUE BLVD
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	DIEZ, TERESITA
STREET ADDRESS	20400 W COUNTRY CLUB DR #809
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VS
NAME	GARCIA, ALBERTINA
STREET ADDRESS	5761 NW 98 PL
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	TD
NAME	MAYORAL, TRINIDAD A
STREET ADDRESS	57 NW 48 PL
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VT
NAME	CERVER, NIEVES R
STREET ADDRESS	3881 W FLAGLER ST APT 321
CITY-ST-ZIP	MIAMI, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Trinidad Mayoral* *Trinidad Mayoral*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-07 444-4489**

305