

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724024

FILED
Feb 07, 2009
Secretary of State

Entity Name: AGRUPACION DE ANTIGUAS ALUMNAS TERESIANAS CUBANAS EN EL EXILIO

Current Principal Place of Business:

P.O. BOX 141767
CORAL GABLES, FL 33114

New Principal Place of Business:

9400 WEST FLAGLER ST
APT 304
MIAMI, FL 33174

Current Mailing Address:

P.O. BOX 141767
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 23-7280115 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, ESPERANZA
Address: 9400 W FLAGLER ST APT. 304
City-St-Zip: MIAMI, FL 33174

Title: VPD () Delete
Name: DAYSIA, ESTHER PEREZ
Address: 9145 FOUNTAINBLUE BLVD
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: DIEZ, TERESITA
Address: 20400 W COUNTRY CLUB DR #809
City-St-Zip: AVENTURA, FL 33180

Title: VS () Delete
Name: GARCIA, ALBERTINA
Address: 5761 NW 98 PL
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: MAYORAL, TRINIDAD A
Address: 57 NW 48 PL
City-St-Zip: MIAMI, FL 33126

Title: VT () Delete
Name: CERVER, NIEVES R
Address: 3881 W FLAGLER ST APT 321
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ESPERANZA LOPEZ

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date