


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

FILED

Jan 29, 2004 08:00 AM  
Secretary of State

|   |                        |  |  |   |  |
|---|------------------------|--|--|---|--|
| <b>DOCUMENT # 729922</b><br>1. Entity Name<br>ASOCIACION DE ANTIGUAS ALUMNAS NUESTRA SENORA DE LOURDES, INC.  |                        |  |  |    |  |
| Principal Place of Business<br>1540 SW 14 TERR<br>MIAMI FL 33145<br>US  |                        | Mailing Address<br>1540 SW 14 TERR<br>MIAMI FL 33145<br>US                       |  |   |  |
| 2. Principal Place of Business  |                        | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                        | City & State   |  |   |  |
| Zip   | Country                | Zip  | Country  | 4. FEI Number <b>65-0166334</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input checked="" type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                        |  |  | MOORE CR2E037 (11/03)   |  |
| 6. Name and Address of Current Registered Agent   |                        |  | 7. Name and Address of New Registered Agent  |   |  |
| AGUABELLA, (CARMEN)<br>3740 SW 129 AVE<br>MIAMI FL 33175  |                        |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____   |                        |  |  |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>  |                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |                        |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | P                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | MILANES, MIREYA P      |  | NAME   |   |  |
| STREET ADDRESS  | 9490 SW 54TH COURT     |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI FL 33165         |  | CITY - ST - ZIP  |   |  |
| TITLE   | S                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | ALEMAN, GUADALUPE D    |  | NAME   |   |  |
| STREET ADDRESS  | 9825 SW 81ST STREET    |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI FL 33173         |  | CITY - ST - ZIP  |   |  |
| TITLE   | VP                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | CORDOVA-RAMIREZ, PERLA |  | NAME   |   |  |
| STREET ADDRESS  | 3121 SW 120TH COURT    |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI FL 33175         |  | CITY - ST - ZIP  |   |  |
| TITLE   | VTRE                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | RIVERO, PILAR R        |  | NAME   |   |  |
| STREET ADDRESS  | 3620 SW 18TH TERRACE   |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI FL 33145         |  | CITY - ST - ZIP  |   |  |
| TITLE   | MD                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | AGUABELLA, CARMEN      |  | NAME   |   |  |
| STREET ADDRESS  | 3740 SW 129TH AVE      |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI, FL 00000        |  | CITY - ST - ZIP  |   |  |
| TITLE   | TD                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | GONZALEZ-PITA, MARIA   |  | NAME   |   |  |
| STREET ADDRESS  | 1540 S W 14 TERR       |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | MIAMI FL 33145         |  | 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: <i>Maria Gonzalez-Pita</i>   |                        |  | 1/23/04 (305)8584559   |   |  |