

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729922

FILED
Feb 10, 2007
Secretary of State

Entity Name: ASOCIACION DE ANTIGUAS ALUMNAS NUESTRA SENORA DE LOURDES, INC.

Current Principal Place of Business:

7234 SW 109 PLACE
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

7234 SW 109 PLACE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0166334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MAGALY MRS
7234 SW 109 PLACE
MIAMI, FL 33173 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: P () Delete
Name: GARCIA, MAGALY
Address: 7234 SW 109 PLACE
City-St-Zip: MIAMI, FL 33173 US

Title: S () Delete
Name: PEREZ, GEMA
Address: 8901 HOLLYBROOK BLVD, BLDG 62, #303
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP () Delete
Name: RAMIREZ, PERLA
Address: 10922 SW 75 STREET
City-St-Zip: MIAMI, FL 33173 US

Title: TRE () Delete
Name: SPENCER, MARIA T
Address: 8260 SW 32 TERR
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
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 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: MAGALY GARCIA

P

02/10/2007

Electronic Signature of Signing Officer or Director

Date