


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 732548 1. Entity Name CUBAN EXILES ASSOCIATION OF PROFESSORS AND GRADUATES OF VOCATIONAL SCHOOLS, INC.	
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Principal Place of Business PO BOX 126575 HIALEAH FL 33012 US	Mailing Address PO BOX 126575 HIALEAH FL 33012 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARZA, HUGO 12800 SW 47 TH ST MIAMI FL 33175		Name	Street Address (P.O. Box Number is Not Acceptable)
		City	Zip Code

B. 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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	DOMINGUEZ, GEORGINA	
STREET ADDRESS	13260 SE 17TH LANE #3	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	
NAME	ARZA, HUGO	
STREET ADDRESS	12800N SW 47TH ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	S	
NAME	MARRERO, EDEL	
STREET ADDRESS	4345 W. 12TH LANE APT A	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VS	
NAME	RODRIGUEZ, EUARDO VALDES	
STREET ADDRESS	11247 SW 88 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	
NAME	URQUIZA, EFRAIN	
STREET ADDRESS	9895 S.W. 1ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VT	
NAME	TORRES, MELQUIADES	
STREET ADDRESS	581 SW 44TH PLACE	
CITY-ST-ZIP	MIAMI FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000469726		
NAME			
STREET ADDRESS			
CITY-ST-ZIP	03/27/06-90011-016 61.25		

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: *Efrain Urquiza* (Handwritten Signature) *3/16/06 357990235*