

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 008 ****70.00

DOCUMENT # 732548

1. Entity Name

**CUBAN EXILES ASSOCIATION OF PROFESSORS AND
GRADUATES OF VOCATIONAL SCHOOLS, INC.**



Principal Place of Business

Mailing Address

PO BOX 126575
HIALEAH FL 33012
US

PO BOX 126575
HIALEAH FL 33012
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

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

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Hugo Arza

Hugo Arza

Feb-5/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DOMINGUEZ, GEORGINA	
STREET ADDRESS	13260 SE 17TH LANE #3	
CITY ST ZIP	MIAMI FL 33175	
TITLE	V	☐ Delete
NAME	ARZA, HUGO	
STREET ADDRESS	12800N SW 47TH ST	
CITY ST ZIP	MIAMI FL 33175	
TITLE	S	☐ Delete
NAME	MARRERO, EDEL	
STREET ADDRESS	4345 W. 12TH LANE APT A	
CITY ST ZIP	HIALEAH FL 33012	
TITLE	VS	☐ Delete
NAME	RODRIGUEZ, EUGARDO VALDES	
STREET ADDRESS	11247 SW 88 ST	
CITY ST ZIP	MIAMI FL 33176	
TITLE	T	☐ Delete
NAME	URQUIZA, EFRAIN	
STREET ADDRESS	9895 S.W. 1ST TERRACE	
CITY ST ZIP	MIAMI FL 33174	
TITLE	VT	☐ Delete
NAME	TORRES, MELQUIADES	
STREET ADDRESS	581 SW 44TH PLACE	
CITY ST ZIP	MIAMI FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	ING. ERNESTINO ABREU	
STREET ADDRESS	11941 S.W. 13501	
CITY ST ZIP	MIAMI FL 33186	
TITLE	V	☐ Change ☒ Addition
NAME	ARZA HUGO F.	
STREET ADDRESS	12800 S.W. 47TH ST.	
CITY ST ZIP	MIAMI FL 33175	
TITLE	--	☐ Change ☒ Addition
NAME	MARRERO EDEL	
STREET ADDRESS	4345 W. 12TH LANE APT A.	
CITY ST ZIP	HIALEAH FL 33012	
TITLE	VS	☒ Change ☐ Addition
NAME	SEBASTIAN JOAQUIN	
STREET ADDRESS	2980 POINT EAST DR. APT D - 401	
CITY ST ZIP	AVENTURA, FL. 33160	
TITLE	T	☐ Change ☐ Addition
NAME	URQUIZA, EFRAIN	
STREET ADDRESS	9895 S.W. 1ST TERRACE	
CITY ST ZIP	MIAMI, FL. 33174	
TITLE	VT	☒ Change ☐ Addition
NAME	DEL CAÑAL MANUEL	
STREET ADDRESS	2980 POINT EAST DR. APT D - 504	
CITY ST ZIP	AVENTURA, FL. 33160	

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 all other like empowered.

SIGNATURE:

E. Brecht

Feb-5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #