2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 06, 2008 8:00 am **DOCUMENT # 739374 Secretary of State** 1. Entity Name 02-06-2008 90035 002 ****80.00 ANTIGUAS ALUMNAS URSULINAS, INC. Principal Place of Business Mailing Address 3186 W FLAGLER ST 3186 W FLAGLER ST APT #6 MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2021465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORTA CANO, CARMEN Street Address (P.O. Box Number is Not Acceptable) 3186 W FLAGLER ST #4 **MIAMI FL 33135** Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registred when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Delete ☐ Change CUTTS, TERESA NAME NAME STREET ADDRESS 10123 NW TERR STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change Addition ORTEGA, GRACIELA H NAME NAME 9255 SW 125 AVE APT 204-R STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ncitibbA 🔲 RIVAS, MARIA L. NAME NAME 9180 FONTAINEBLEAU BL401 SIRFEL ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY+ST-ZiP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition MIRAGAYA, CONSUELO NAME NAME 9068 SW 112 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change ☐ Addition VALLS, MATILDE NAME NAME 799 CRANDON BLVD OCEAN TOWER STREET ADDRESS STREET ADDPESS KEY BISCAYNE FL 33149 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition CASTANEDA, BLANCA NAME NAME 3186 W FLAGLER ST APT 3 STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP 12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered. was (Treasure)

FILED