


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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90395 032 ****61.25

DOCUMENT # 752656 1. Entity Name ASSOCIATION OF CUBAN HOME ECONOMICS SCHOOL IN EXILE, INC.					
Principal Place of Business 115 NW 59 CT MIAMI FL 33126		Mailing Address 115 NW 59 CT MIAMI FL 33126			
2. Principal Place of Business Suite, Apt. #, etc. 319 CADIMA AVE.		3. Mailing Address Suite, Apt. #, etc. 			
City & State CORAL Gables, FLORIDA		City & State 		4. FEI Number 59-2064384	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALZADO, YOLANDA 115 NW 59 CT MIAMI FL 33126			7. Name and Address of New Registered Agent Name ALEIDA Pichardo Street Address (P.O. Box Number is Not Acceptable) 319 CADIMA AVE. City CORAL Gables FL Zip Code 33134		
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 <u>ALEIDA Pichardo, PD</u> 04/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CALZADO, YOLANDA S STREET ADDRESS 115 NW 59 CT CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> Delete		TITLE PD NAME ALEIDA PICHARDO STREET ADDRESS 319 CADIMA CITY-ST-ZIP CORAL Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME VELASCO, DALIA STREET ADDRESS 4045 S.W 9TH TERR CITY-ST-ZIP MIAMI FL 33134	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME YOLANDA CALZADO STREET ADDRESS 115 NW 59 CT CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GONAZALEZ, MADLORES STREET ADDRESS 8285 SW 41 ST CITY-ST-ZIP MIAMI FL 33155	<input checked="" type="checkbox"/> Delete		TITLE SD NAME DOLORES GONZALEZ STREET ADDRESS 8285 S.W 41 ST CITY-ST-ZIP MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME VALDERS, JOSEFINA G STREET ADDRESS 8045 NW 7TH ST AKT 107 CITY-ST-ZIP MIAMI FL 33126	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JOSEFINA VALDES STREET ADDRESS 8045 N.W. 7th ST. APT 107 CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME ARREDONDO, ELVIRA STREET ADDRESS 431 EANDIA AVE CITY-ST-ZIP MIAMI FL 33134	<input checked="" type="checkbox"/> Delete		TITLE VSD NAME LAURA CAL STREET ADDRESS 440 NW 59 CT CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME PUIG, GUADALUPE STREET ADDRESS 14413 SW 179 LANE CITY-ST-ZIP MIAMI FL 33177	<input checked="" type="checkbox"/> Delete		TITLE VTD NAME EMMA MARCO STREET ADDRESS 12770 SW 20 TERRACE CITY-ST-ZIP MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Aleida Pichardo</u> ALEIDA PICHARDO 04-20-04 305-444-6399 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E037 (11/03)