2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 752656

1. Entity Name
ASSOCIATION OF CUBAN HOME ECOONOMICS SCHOOL IN EXILE, INC.

Principal Place of Business
319 CADIMA AVE.
CORAL GABELS, FL 33134

Mailing Address
PO BOX 652221
MIAMI, FL 33265-2221

01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2064384 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PICHARDO, ALEIDA
319 CADIMA AVE.
CORAL GABELS, FL 33134

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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 required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PICHARDO, ALEIDA
STREET ADDRESS	319 CADIMA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	CALZADO, YOLANDA
STREET ADDRESS	115 NW 59 CT.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	GONZALEZ, DOLORES
STREET ADDRESS	8285 SW 41 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	VALDES, JOSEFINA
STREET ADDRESS	8045 NW 7TH ST AKT 107
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VSD
NAME	CAL, LAURA
STREET ADDRESS	440 NW 59 CT.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VTD
NAME	MARCO, EMMA
STREET ADDRESS	12770 SW 20 TERR.
CITY-ST-ZIP	MIAMI, FL 33175

100000433093
02/24/06-80002-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Aleida Pichardo — 02-01-2006 — 305-447-1379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #