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

## Mar 15, 2004 8:00 am **Secretary of State DOCUMENT # 753529** 1. Entity Name 03-15-2004 90035 034 \*\*\*\*61.25 CONFEDERATION OF ASSOCIATIONS OF CUBAN CATHOLIC SCHOOLS ALUMNI, INC. Principal Place of Business Mailing Address 2285 SW. 24TH TERR. 2285 SW. 24TH TERR. MIAMI FL 33145 44017167 MIAMI FL 33145 2. Principal Place of Business Mainng Address - Cauless Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) 2285 S.W.24Terr 2285 S.W, 24 Terr. City & State City & State 4. FEI Number Applied For Miami, FL. Míami, Fa. 65-0040923 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33145 Dade County Dade County 33145 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Celia Rosa Fouzet TOUZET, CELIA R 2285 SW 24 TERRACE Street Address (P.O. Box Number is Not Acceptable) 💸 S.W.24 Terr **MIAMI FL 33145** <sup>City</sup> Miami Zip Code 3 3 1 4 5 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. 305)856-6653 February, 24, 2004 SIGNATURE Signature, typed or printed partie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE SD G.GARCIA.TERESITA ☐ Change Addition MARTINEZ, LOLITA NAME NAME 708 VILLABELLA AVE 10602 SW. 22ND TERR STREET ADDRESS STREET ADDRESS CORAL GABLES, 33146 MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP PĎ TITLE ☐ Delete TITLE PD.MAGDALENA G.DE LATORR PChange Addition TOUZET, CELIA ROSA MARKE 11511 S,W,100 ST. 2285 S.W. 24TH TERR STREET ADDRESS STREET ADDRESS MIAMI, FE-33186/ **MIAMI FL 33145** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TD-LUIS, MILAGROSA LUIS, MILAGROSA NAME NAME 3441 NW 17TH STREET 3441 N.W.17th ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** MIAMI, FL.33125 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TOUZET, CELIA R PD.MAGDALENA G.de LATORRE NAME NAME 2285 SW 24 TERR 11511 S.W. 100 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33186 TITLE ☐ Delete TITLE ☐ Change ■ Addition TD.Luis ,MILAGROSA LUIS, MILAGROSA C NAME NAME 3441 N.W. 17th ST. 3441 NW 17TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33125 MIAMI.FL.33125 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TUERO, ISABEL G

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATUR	E:	
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1037 SW 10TH AVE

MIAMI FL 33130

NAME

STREET ADDRESS

CITY-ST-ZIP

aadalen

305)271-0269--FEBRUARY 24,2004

Daytime Phone #

1037 S.W. 10 th AVE

MIAMI, FL. 33130

MTD-TUERO-ISABEL G.

FILED