

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

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90014 041 ****61.25

DOCUMENT # 753529 1. Entity Name CONFEDERATION OF ASSOCIATIONS OF CUBAN CATHOLIC SCHOOLS ALUMNI, INC.					
Principal Place of Business 2285 SW. 24TH TERR. MIAMI FL 33145				Mailing Address 2285 SW. 24TH TERR. MIAMI FL 33145	
2. Principal Place of Business - No P.O. Box # 2285 S.W. 24 TERR		3. Mailing Address 2285 S.W. 24 TERR.			
Suite, Apt. #, etc. 2285 S.W. 24 TERR		Suite, Apt. #, etc. 2285 S.W. 24 TERR.		1st MOORE CR2E037 (10/07)	
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-0040923	
Zip 33145		Country DADE COUNTY		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOUZET, CELIA ROSA 2285 SW 24 TERRACE MIAMI FL 33145				7. Name and Address of New Registered Agent Name CELIA ROSA TOUZER Street Address (P.O. Box Number is Not Acceptable) 2285 S.W. 24 TERR. City MIAMI, FL Zip Code 33145	
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 <i>Celia G. Touzet</i> 305 -856-6653 APRIL 15 '2008 (Signature, typed or printed name of registered agent and date of acceptance) (NOTE: Registered Agent signature and date when constituting)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FERNANDEZ, LUIS 2101 SW 82 CT. MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERNANDEZ, LUIS 2101 S.W. 82 CT MIAMI, FL. 33155	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORDAZ, ISABEL S 12810 SW 43 #117B MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORDAS, ISABEL 12810 S.W. 43 #117B MISMI, FL. 33175	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TOUZET, CELIA R 2285 SW 24 TERR. MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TOUZET, CELIA R. 2285 S.W. 24 TERR. Miami, FL 33145	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TUERO, ISABEL G 1037 SW 10TH AVE MIAMI FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VID TUERO, ISABEL G. 1037 S.W. 10th AVE MIAMI, FL ##!#)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAYORIA, TRINIDAD 57 NW 48 PLACE MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAYORAL, TRINIDAD 57 NW 48 PLACE MIAMI, FL 33126	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUIS, MILAGROSA 3441 NW 17TH ST. MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUIS, MILAGROSA 3441 N.W. 17th ST. MIAMI, FL 33125	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in 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: <i>Celia G. Touzet</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			305-856-6653 APRIL 15, 2008 Date		