


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90004 031 \*\*\*\*61.25

<b>DOCUMENT # 767337</b> 1. Entity Name <b>FEDERACION EX-ALUMNAS SALESIANAS, INC.</b>						
Principal Place of Business <b>11511 SW 100 ST</b> <b>MIAMI, FL 33176 US</b>			Mailing Address <b>P.O. BOX 55-8852</b> <b>MIAMI, FL 33155 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		03062008 Chg-NP CR2E037 (11/05)		
4. FEI Number <b>59-2535187</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GONZALEZ, HARIA L</b> <b>1041 NW 135 ST</b> <b>MIAMI, FL 33168</b>				7. Name and Address of New Registered Agent Name <b>MAGDALENA LATORRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>11511 SW 100 ST</b> City <b>MIAMI</b> FL Zip Code <b>33176</b>		
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><i>Magdalena Latorre</i></u> <u><i>Latorre</i></u> <u>2/24/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LATORRE, MAGDA G <input type="checkbox"/> Delete 11511 SW 100 ST MIAMI, FL 33176			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KIRSY MARIA</b> <b>11511 SW 100 ST</b> <b>MIAMI, FLORIDA 33176</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete SOCARRAS, FLORANGEL G 11511 SW 100 ST MIAMI, FL 33176			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete BAZAN, ELOINA Z 11511 SW 100 ST MIAMI, FL 33176			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Magdalena Latorre</i></u> <u>2/24/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						