

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90032 001 \*\*\*\*70.00

**DOCUMENT # N04000002703**

1. Entity Name  
**DOMINICAS FRANCESAS ALUMNI-VERITAS, INC.**



Principal Place of Business  
**355 MENORES AVE  
CORAL GABLES, FL 33134**

Mailing Address  
**355 MENORES AVE  
CORAL GABLES, FL 33134**

2. Principal Place of Business  
**600 BILTMORE WAY  
Suite, Apt. #, etc.  
414**

3. Mailing Address  
**600 BILTMORE WAY  
Suite, Apt. #, etc.  
414**



01042006 Chg-NP CR2E037 (11/05)

City & State  
**CORAL GABLES, FL**  
Zip  
**33134** Country

City & State  
**CORAL GABLES, FL**  
Zip  
**33134** Country

4. FEI Number  
**NOT APPLICABLE** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FIFFE-ANDUEZA, YAKIMA  
355 MENORES AVE  
CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name **BADIA, ARNHILDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 BILTMORE WAY, # 414**  
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 *Arnhilda Badia* **ARNHILDA BADIA** **1/4/06**  
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**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIFFE-ANDUEZA, YAKIMA 355 MENORES AVE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ-ARANA, CARMEN 1650 S LEJUNE RD #304 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, ERNESTINA 4040 PALMARITO ST CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUST-GONZALEZ, MA ELENA 2745 SW 10 TERR APT 2 MIAMI, FL 33135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVEIRA, CARMEN P 1201 S. OCEAN DR., N2406 HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BADIA, ARNHILDA 600 BILTMORE WAY, #414 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LOPEZ DE MENDOZA, MARRIA C. 105 SW 127 AVENUE MIAMI, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D LLAND DE RIVAS, ALICIA 14371 SW 116 TERRACE MIAMI, FL 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MOLINA, LOURDES 150 OCEAN LANE DRIVE, #2E KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MEDINA DE SUCENA 6861 SW 50 TERRACE MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT/D MARTINEZ, ALEJANDRINA 10975 SW 25 STREET MIAMI, FL 33165 <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 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 *Arnhilda Badia* **ARNHILDA BADIA** **1/4/06** **(305) 527-2343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #