2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005165

1. Entity Name
EXMI ALUMNI, INC.

Principal Place of Business	Mailing Address
995 SW 84 AVE., APT 106	995 SW 84 AVE., APT 106
MIAMI, FL 33144	MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

03072006 No Chg-NP   CR2E037 (11/05)

4. FEI Number		Applied For
80-0037932		Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MARIA C
995 SW 84 AVE., APT 106
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

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	TUERO, ISABEL
STREET ADDRESS	1037 SW 10 AVE
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	SD
NAME	LAGO, MARIA I
STREET ADDRESS	12110 SW 31 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	TD
NAME	GONZALEZ, MARIA C
STREET ADDRESS	995 SW 84 AVE, APT 106
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Maria, C. Gonzalez*   Maria C. Gonzalez   03-12-06   305 266 5692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #