## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 29, 2006 8:00 am Secretary of State

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DOCUMENT # N0400005232  1. Entity Name FUNDACION EDUCATIVA CARLOS M. CASTANEDA, INC.							06 90128 (		
Principal Place of Business         Mailing Address           1925 BRICKELL AVENUE         1925 BRICKELL AVENUE           APT. D-1108         APT. D-1108           MIAMI, FL 33129         MIAMI, FL 33129						124 0   121   121   12   12   12   12   12			III II S
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 20-1367	155		<u> </u>	oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		<b>\$8.75</b> Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
CASTANEDA, LILLIAN 1925 BRICKELL AVENUE			Street A	ddress (P	O. Box Number	is Not Accepta	ble)		
APT. D-1108   MIAMI, FL 33129							***		
			City		<del> </del>		FL	Zip Cod	e
	named entity submits this statement fo tions of registered agent.	the purpose of changing its reg	istered office or	registere	d agent, or both,	in the State of	Florida. I am i	amiliar with,	and accept
SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent	and title d applicable. {NOTE: Req	gistered Agent signat.	ure required v	when reinstating)		CATE		
SIGNATURE .	Signature, typed or printed name of registered egent.  Filling Fee is \$61.25  Due by May 1, 2006	9. Election Campa Trust Fund Cont	ign Financing		\$5.00 May Be Added to Fees	FI	OATE  Make check orlda Depart		
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Interest certify that the information supplied with this fitting does not quality 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: Lillian Castaneda

305-859-9617