

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2006 90128 002 ****61.25

DOCUMENT # N04000005232

1. Entity Name
FUNDACION EDUCATIVA CARLOS M. CASTANEDA, INC.



Principal Place of Business
**1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129**

Mailing Address
**1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
20-1367155

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTANEDA, LILLIAN
1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BLANCO, MARILY**
STREET ADDRESS **5838 MASTERS BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32819**
change To →

TITLE **D** ☒ Change ☐ Addition
NAME **Cancio, Marili**
STREET ADDRESS **2000 S. Bayshore Dr. L'Hermitage #1**
CITY-ST-ZIP **Coconut Grove, FL**

TITLE **D** ☐ Delete
NAME **CASTANEDA, AILEEN**
STREET ADDRESS **59 KINGS COURT APT. 903**
CITY-ST-ZIP **SAN JUAN, PR 00911**

TITLE **D** ☐ Change ☒ Addition
NAME **Leal, Gloria**
STREET ADDRESS **1280 S. Alhambra Circle, Apt. 1308**
CITY-ST-ZIP **Coral Gables, FL 33149**

TITLE **D** ☐ Delete
NAME **CASTANEDA, EDUARDO**
STREET ADDRESS **B-18 SAN IGNACIO ST., SAN PEDRO ESTATES**
CITY-ST-ZIP **CAGUAS, PR 00725**

TITLE **D** ☐ Change ☒ Addition
NAME **Castello, Humberto**
STREET ADDRESS **2291 SW 20th**
CITY-ST-ZIP **Miami, FL 33145**

TITLE **V** ☐ Delete
NAME **CASTANEDA, EMILY**
STREET ADDRESS **2904 NORWICH DRIVE WEST**
CITY-ST-ZIP **BRADENTON, FL 34205**

TITLE **D** ☐ Change ☒ Addition
NAME **Yanes, Pedro**
STREET ADDRESS **177 Ocean Lane Dr. Apt 1013**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **P** ☐ Delete
NAME **CASTANEDA, LILLIAN**
STREET ADDRESS **1925 BRICKELL AVE. D-1108**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **D** ☐ Change ☒ Addition
NAME **Urrutia, Luis D.**
STREET ADDRESS **25292 Punta Madryn Ave.**
CITY-ST-ZIP **Punta Gorda, FL 33983**

TITLE **S** ☐ Delete
NAME **CASTANEDA, TANYA**
STREET ADDRESS **40 S. PROSPECT DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33133**

TITLE **D** ☐ Change ☐ Addition
NAME **Rodriguez, Eileen**
STREET ADDRESS **5055 NW 7th St Apt. 608**
CITY-ST-ZIP **Miami, FL 33126**

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: **Lillian Castaneda**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-859-9617
Daytime Phone #

Date

Daytime Phone #