

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 12, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1367155 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: LEAL, GLORIA
Address: 1280 S. ALHAMBRA CIR., 1308
City-St-Zip: CORAL GABLES, FL 33149

Title: V
Name: CASTANEDA, AILEEN
Address: 59 KINGS COURT APT. 903
City-St-Zip: SAN JUAN, PR 00911

Title: D
Name: CASTANEDA, EMILY
Address: 2904 NORWICH DRIVE WEST
City-St-Zip: BRADENTON, FL 34205

Title: D
Name: URRUTIA, LUIS D
Address: 25292 PUNTA MADRYN AVE.
City-St-Zip: PUNTA GORDA, FL 33983

Title: P
Name: CASTANEDA, LILLIAN
Address: 1925 BRICKELL AVE. D-1108
City-St-Zip: MIAMI, FL 33129

Title: S
Name: CASTANEDA, TANYA
Address: 40 S. PROSPECT DRIVE
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LILLIAN CASTAÑEDA

MRS.

01/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date