

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009336

FILED  
Jun 30, 2010  
Secretary of State

**Entity Name:** ANTIGUOS ALUMNOS DE LA SALLE "LA NATIVIDAD" DE SANCTI-SPIRITUS, INC.

**Current Principal Place of Business:**

1035 SW 87TH AVENUE  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

1035 SW 87TH AVENUE  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 26-1139355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, PEDRO  
1035 SW 87TH AVENUE  
MIAMI, FL 33174 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: PD  
Name: CRUZ, PEDRO  
Address: 1035 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: D  
Name: BORGES, JULIO  
Address: 1035 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: D  
Name: MENDIBURT, GERARDO  
Address: 1035 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: D  
Name: BRAVO, JORGE J  
Address: 1035 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: STD  
Name: CACERES, FELIX M  
Address: 1035 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33174

Title: D  
Name: GARCIA, RAFAEL N  
Address: 1035 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33174

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: FELIX M CACERES

STD

06/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date