

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011115

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: ASSOCIATION OF FOREIGN LANGUAGE TEACHERS OF DADE COUNTY CORP.

**Current Principal Place of Business:**

5035 SW 140 CT.  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

5035 SW 140 CT.  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 56-2549982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIERRA, MARIA  
5035 SW 140 CT.  
MIAMI, FL 33175      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: P ( ) Delete  
Name: PALOMBO, LEON  
Address: 1045 6 ST. APT. #2  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: CARBALLO, EDUARDO  
Address: 819 MONTEREY ST.  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: MARTINEZ, MARIO  
Address: 1225 SW 107 AVE.  
City-St-Zip: MIAMI, FL 33174

Title: T ( ) Delete  
Name: SIERRA, MARIA  
Address: 5035 SW 140 CT.  
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete  
Name: GOLDENBERG, DULCE  
Address: 755 NW 29 AVE  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: RIVAS, ELENA  
Address: 6945 SW 65 AVE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA SIERRA

T

03/02/2009

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

\_\_\_\_\_  
Date