

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 012 ****61.25

DOCUMENT # N15777

1. Entity Name

**ASOCIACION DE ALUMNOS Y PROFESORES DEL
COLEGIO ACADEMIA BALDOR, INC.**



Principal Place of Business

11120 SW 128 ST
MIAMI FL 33176
US

Mailing Address

11120 SW 128 ST
MIAMI FL 33176
US

50023889

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2710048

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

**ORTEGA, MAGDALENA M.
11120 SW 128 ST
MIAMI FL 33176**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	ORTEGA, M. MAGDALENA	
STREET ADDRESS	11120 SW 128 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOSA, HECTOR	
STREET ADDRESS	6861 SUNRISE CT.	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARTAYA, HAYDES M	
STREET ADDRESS	341 WEST PARK DR.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, OLGA L	
STREET ADDRESS	9350 FOUNTAIN BLEAU BLVD #205	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	YAUES FERRO, MORAIMA	
STREET ADDRESS	8135 S.W. 14 TERR.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SANEUITY, SARAH M	
STREET ADDRESS	6865 S.W. 45 LANE	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YAUES FERRO, MORAIMA	
STREET ADDRESS	8135 SW. 14 Terr. Miami, FL 33144	
CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANGUILY, SARAH, M.	
STREET ADDRESS	6865 SW. 45 Ln.	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURIAS-CATY A.	
STREET ADDRESS	5308 RIVIERA DR.	
CITY-ST-ZIP	CORAL GABLES, FL. 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

M. MAGDALENA ORTEGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/05 *305-238-7480*
Date Daytime Phone #