

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 021 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2710048

Applied For
Not Applicable

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

**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 PD ☐ Delete
NAME ORTEGA, M. MAGDALENA
STREET ADDRESS 11120 SW 128 ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE VD ☐ Change ☒ Addition
NAME BALDOR, TERESITA
STREET ADDRESS 10502 S.W. 46 ST.
CITY-ST-ZIP MIAMI, FL 33165

TITLE VD ☐ Delete
NAME SOSA, HECTOR
STREET ADDRESS 6861 SUNRISE CT.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE TD ☒ Change ☐ Addition
NAME YANES FERRO, MORAIMA
STREET ADDRESS 8135 S.W. 14 TERR.
CITY-ST-ZIP MIAMI, FL 33144

TITLE SD ☒ Delete
NAME YANES FERRO, MORATMA
STREET ADDRESS 8135 SW 14 TERR
CITY-ST-ZIP MIAMI, FL 33144

TITLE SD ☒ Change ☐ Addition
NAME FERNANDEZ, OLGA LYDIA
STREET ADDRESS 9350 FOUNTAINE BLEAU BLVD, #205
CITY-ST-ZIP MIAMI, FL 33172

TITLE VD ☒ Delete
NAME FERNANDEZ, OLGA L
STREET ADDRESS 9350 FOUNTAIN BLEAU BLVD #205
CITY-ST-ZIP MIAMI, FL 33172

TITLE VSD ☒ Change ☐ Addition
NAME SANGUILY, SARAH M.
STREET ADDRESS 6865 S.W. 45 LN.
CITY-ST-ZIP MIAMI, FL 33155

TITLE VSD ☒ Delete
NAME SANCUTLY, SARAH M
STREET ADDRESS 6865 SW 45 LN
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME MURIAS, CATY A
STREET ADDRESS 5308 RIVIERA DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

M. Magdalena Ortega **M. MAGDALENA ORTEGA** 3/19/06, 305-228-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #