


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N17286 1. Entity Name NATIONAL ASSOCIATION OF PEDAGOGUES OF CUBA, INC. |  |
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| Principal Place of Business 130 SW 32ND AVE. C/O ARMINDA ESPINOSA MIAMI, FL 33135-1141 US | Mailing Address 130 SW 32ND AVE. C/O ARMINDA ESPINOSA MIAMI, FL 33135-1141 US |
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DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

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|---|-----------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ESPINOSA, ARMINDA
130 S.W. 32ND AVENUE
MIAMI, FL 33135

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALCANTARA, DOMINICA 15237 SW 46TH LN APT E MIAMI, FL 33185 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PEREZ, DEMETRIO 904 SW 23 AVENUE MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ESPINOSA, ARMINDA M 130 SW 32 AVE MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/29/07-80036-021 61.25

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IN THIS SPACE**

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: Arminda M. Espinosa 3/19/07 305-448-7157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #