

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90014 003 ****61.25

DOCUMENT # N17286	
1. Entity Name NATIONAL ASSOCIATION OF PEDAGOGUES OF CUBA, INC.	
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



03032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

305-448-7157

Daytime Phone #