2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17286

FILED Jan 10, 2009 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF PEDAGOGUES OF CUBA INC

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
C/O ARM	32ND AVE. IINDA ESPINOSA _ 331351141 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
C/O ARM	32ND AVE. IINDA ESPINOSA _ 331351141 US			
El Numbe	r: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name an	d Address of Current Registered Agen	t: Name and Address of	New Registered Agent:	
ESPINOS	SA, ARMINDA			
	32ND AVENUE			
130 S.W. MIAMI, FL The above	32ND AVENUE	the purpose of changing its registered	office or registered agent, or both,	
130 S.W. MIAMI, FL The above	32ND AVENUE 33135 US e named entity submits this statement for te of Florida.	the purpose of changing its registered	office or registered agent, or both,	
130 S.W. MIAMI, FL The above n the Stat	32ND AVENUE 33135 US e named entity submits this statement for te of Florida.		office or registered agent, or both,	
130 S.W. MIAMI, FL The above n the Stat	32ND AVENUE 33135 US e named entity submits this statement for te of Florida. JRE:	d Agent		
130 S.W. MIAMI, FL The above n the Stat	32ND AVENUE 33135 US e named entity submits this statement for te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: PD () Delete ALCANTARA, DOMINICA 15237 SW 46TH LN APT E	ADDITIONS/CHANGES	Date	
130 S.W. MIAMI, FL The above In the State SIGNATU DFFICER VITTLE: VITTLE: VITTLE VITT	32ND AVENUE 33135 US e named entity submits this statement for te of Florida. JRE: Electronic Signature of Registered RS AND DIRECTORS: PD () Delete ALCANTARA, DOMINICA 15237 SW 46TH LN APT E MIAMI, FL 33185 US VD () Delete PEREZ, DEMETRIO 904 SW 23 AVENUE	ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTOR	

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: DOIMINICA ALCANTARA PD 01/10/2009