

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90003 029 \*\*\*\*61.25

<b>DOCUMENT # N21292</b> 1. Entity Name <b>COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL EXILIO, INC.</b>					
Principal Place of Business <b>% DOLORES F. ROVIROSA</b> <b>1809 BRICKELL AVE., #1012</b> <b>MIAMI FL 33129</b>			Mailing Address <b>% DOLORES F. ROVIROSA</b> <b>1809 BRICKELL AVE., #1012</b> <b>MIAMI FL 33129</b>		
2. Principal Place of Business		3. Mailing Address			
Suite/Apt./#; etc.		Suite/Apt./#; etc.			
City & State		City & State		4. FEI Number <b>59-2843302</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROVIROSA, DOLORES</b> <b>1809 BRICKELL AVE, #1012</b> <b>MIAMI FL 33129</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 remaining) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARONA, LESBIA		NAME	Perez, Ma. Luisa	
STREET ADDRESS	7600 SW 19 STREET		STREET ADDRESS	5249 NW 7 St., Apt. 313	
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP	Miami, FL 33125	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MA LUISA		NAME	Varona, Lesbia	
STREET ADDRESS	5249 NW 7 STREET APT 313		STREET ADDRESS	7600 SW 19 St.	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	Miami, FL 33155	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ESTHER		NAME		
STREET ADDRESS	851 NW 19 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUERAS, MYRIAM		NAME		
STREET ADDRESS	5055 NW 7 STREET APT 311		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVIROSA, DOLORES F		NAME		
STREET ADDRESS	1809 BRICKELL AVENUE APT 1012		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, ISABEL		NAME		
STREET ADDRESS	618 S.W. 87 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: <u>Dolores Rovirosa, Treasurer</u> 3/6/06 (305) 856-5190</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Paid



ATTACHMENT

#66004585

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL EXILIO  
% DOLORES F. ROVIROSA  
1809 BRICKELL AVE., #1012  
MIAMI, FL 33129

Subject: COLEGIO NACIONAL DE BIBLIOTECARIOS CUBANOS EN EL

Reference Number: N21292

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION