


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N29862	
1. Entity Name ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL INSTITUTO CIVICO MILITAR Y ESCUELAS POLITECNICAS, IN	

Principal Place of Business %JUVENAL E. BLANCO 2616 SW 34 AVE. MIAMI, FL 33133	Mailing Address 2616 SW 34 AVE MIAMI, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



08012007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent BLANCO, JUVENAL E. 2616 SW 34 AVE. MIAMI, FL 33133
--

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, JUVENAL E 2616 SW 34 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, ENRIQUE 1815 FAIRHAVEN PL. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ELVIRA 3250 NW 99TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO, MARIA 11760 SW 25 TERRA MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUG, MARIA DEL C. 7060 W. 16 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIZA, MANUEL 10341 SW 50 ST. MIAMI, FL

U00000771501
08/07/07-80005-001 61.25

**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: *Juvenal Blanco* **8-2-07 (305) 443-0557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #