

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90025 028 ****70.00

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|--|---------------------------------|---|---|--|--|
| DOCUMENT # N39185 | | | | | |
| 1. Entity Name ASOCIACION CUBANA DE MUJERES UNIVERSITARIAS, INC | | | | | |
| Principal Place of Business P.O. BOX 140445 CORAL GABLES, FL 33114 | | Mailing Address P.O. BOX 140445 CORAL GABLES, FL 33114 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0216359 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Applied For | | Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROVIROSA, DOLORES F 1809 BRICKELL AVE., APT. 1012 MIAMI, FL 33129 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 reconstituting) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOMEZ CARBONELL, ANIPARO | | NAME | Tunon, Wilma G | |
| STREET ADDRESS | 7615 SW 21ST | | STREET ADDRESS | Doral Oaks 9725 NE 52 St, Apt. 207 | |
| CITY-ST-ZIP | MIAMI, FL 33155 | | CITY-ST-ZIP | Miami, Fl. 33178 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTINEZ, MACY | | NAME | Garcia, Teresita G. | |
| STREET ADDRESS | 8545 SW 125 PLACE | | STREET ADDRESS | 708 Villabella Avenue | |
| CITY-ST-ZIP | MIAMI, FL 33183 | | CITY-ST-ZIP | Coral Gables, Fl. 33146 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUNON, WILMA G | | NAME | Gomez Carbonell, Amparo | |
| STREET ADDRESS | DORAL OAKS 9725 NE 52ST APT 207 | | STREET ADDRESS | 7615 S.W. 21 ST. | |
| CITY-ST-ZIP | MIAMI, FL 33178 | | CITY-ST-ZIP | Miami, Fl. 33155 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEREZ, LUISA | | NAME | | |
| STREET ADDRESS | 5249 NW 7 ST NO 313 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33126 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROVIROSA, DOLORES F | | NAME | | |
| STREET ADDRESS | 1809 BRICKELL AVE APT 1012 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROVIROSA, DOLORES F | | NAME | | |
| STREET ADDRESS | 1809 BRICKELL AVE APT 1012 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| 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: <u>Dolores Rovirosa Dolores F. Rovirosa</u> 1/16/06 (305) 856-5190 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Day/Time Phone # | | | | | |