

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39689

FILED
Jan 24, 2006
Secretary of State

Entity Name: ASOCIACION FAMILIA ESCOLAPIA CUBANA, INC.

Current Principal Place of Business:

342 S. W. 23RD ROAD
MIAMI, FL 331298924

New Principal Place of Business:

Current Mailing Address:

PO BOX 522366
MIAMI, FL 331522366

New Mailing Address:

FEI Number: 65-0256192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAYAS-BAZAN, RAUL L.
342 S. W. 23RD ROAD
MIAMI, FL 331298924 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IZQUIERDO, ALEJANDRO
Address: 1723 SW 131ST PLACE CIRCLE S
City-St-Zip: MIAMI, FL 33175

Title: VD () Delete
Name: SARDINAS, JORGE
Address: 17500 NW 48TH AVENUE
City-St-Zip: MIAMI, FL 33055

Title: VD () Delete
Name: ORTEGA, CAMILO
Address: 1401 SW 102ND CT
City-St-Zip: MIAMI, FL 33174

Title: SD () Delete
Name: PRIETO, HUMBERTO
Address: 13951 SW 66TH ST, APT 601-A
City-St-Zip: MIAMI, FL 331832281

Title: TD () Delete
Name: MENDEZ, JOSE L
Address: 101 OCEAN LANE, DR APT 3013
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VS () Delete
Name: EVELIO PEREZ-ALBUERN, E
Address: 8861 SW 75TH ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MENDEZ, JOSE L
Address: 101 OCEAN LANE, DR APT 3013
City-St-Zip: KEY BISCAYNE, FL 331491485

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MENDEZ JOSE L

TD

01/24/2006

Electronic Signature of Signing Officer or Director

Date