

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90034 014 \*\*\*\*61.25

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<b>DOCUMENT # N92000000545</b> 1. Entity Name <b>ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.</b>					
Principal Place of Business <b>4343 W. FLAGLER ST., #101 MIAMI, FL 33134 US</b>			Mailing Address <b>P.O. BOX 140813 CORAL GABLES, FL 33114</b>		
2. Principal Place of Business <b>9240 SW 72 Street</b>		3. Mailing Address <b>P.O. Box 140813</b>			
Suite, Apt. #, etc. <b>117</b>		Suite, Apt. #, etc.			
City & State <b>Miami Florida</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>65-0449345</b>	
Zip <b>33173</b>		Country, USA <b>Miami-Dade</b>		Zip <b>33114-0813</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>HUERTAS, NORKI 4343 W. FLAGLER ST., #101 MIAMI, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Norki Huertas</b> Street Address (P.O. Box Number is Not Acceptable) <b>9240 SW 72 Street Suite 117</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33173</b>		
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 <span style="float: right;">3/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUERTAS, NORKI</b> <input type="checkbox"/> Delete <b>6780 SW 26 TERRACE</b> <b>MIAMI, FL 331552910</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>BLANCO, NORMA</b> <b>11041 SW 59 TERRACE</b> <b>MIAMI, FL 331731109</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>PORTALES ARAOZ, LOURDES</b> <b>6701 S.W. 116 COURT, PH-410</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>TRESPALACIOS, MIRIAM</b> <b>2811 S.W. 18 STREET</b> <b>MIAMI, FL 331451913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:</b> <span style="float: right;">3/21/05 (305) 596-5255</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					