

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000545**

1. Entity Name  
**ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.**



Principal Place of Business  
**9240 SW 72 STREET  
#117  
MIAMI, FL 33173 US**

Mailing Address  
**PO BOX 140813  
CORAL GABLES, FL 33114-0813**

**DO NOT WRITE IN THIS SPACE**



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0449345**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HUERTAS, NORKI  
9240 SW 12 STREET, SUITE 117  
MIAMI, FL 33173**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUERTAS, NORKI 6780 SW 26 TERRACE MIAMI, FL 331562910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, NORMA 11041 SW 59 TERRACE MIAMI, FL 331731109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTALES ARAOZ, LOURDES 6701 S.W. 116 COURT, PH-410 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRESPALACIOS, MIRIAM 2811 S.W. 18 STREET MIAMI, FL 331451913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000384174  
01/17/06-80001-015 70.00

**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 affidavit, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/06 (305) 5965255