

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000545

FILED  
Feb 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6701 SW 116 CT #410  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 140813  
CORAL GABLES, FL 331140813

**New Mailing Address:**

**FEI Number:** 65-0449345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTALES-ARAOZ, LOURDES  
6701 SW 116 CT #410  
MIAMI, FL 33173 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: CORBO, MARIA I  
Address: 6261 NW 110 TERRACE  
City-St-Zip: HIALEAH, FL 33012

Title: DVP ( ) Delete  
Name: FERNANDWZ, MARIA  
Address: 1420 MERCADO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: PORTALES ARAOZ, LOURDES  
Address: 6701 S.W. 116 COURT, PH-410  
City-St-Zip: MIAMI, FL 33173

Title: DT ( ) Delete  
Name: LEIRA, MERCEDES  
Address: 13961 SW 72 TERRACE  
City-St-Zip: MIAMI, FL 33183

**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:

I hereby certify that the information supplied with this filing does not qualify 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: LOURDES PORTALES-ARAOZ

S

02/28/2009

Electronic Signature of Signing Officer or Director

Date