

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002158

FILED
May 21, 2006
Secretary of State

Entity Name: FLORIDA XAVERIANA ASSOCIATION INC.

Current Principal Place of Business:

12130 ST. ANDREWS PLACE
207
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-1222
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 65-0422753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SILVA, GABRIEL
12130 ST. ANDREWS PLACE
207
MIRAMAR, FL 33025 US

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: SILVA, GABRIEL
Address: POBOX 14-1222
City-St-Zip: CORAL GABLES, FL 33114 US

Title: TD () Delete
Name: ROMERO, JAVIER
Address: POBOX 14-1222
City-St-Zip: CORAL GABLES, FL 33114 US

Title: VD () Delete
Name: WOODBRIDGE, YOLANDA
Address: POBOX 14-1222
City-St-Zip: CORAL GABLES, FL 33114 US

Title: D () Delete
Name: ABISAMBRA, JORGE
Address: POBOX 14-1222
City-St-Zip: CORAL GABLES, FL 33114 US

Title: D () Delete
Name: PAZMIN, CLAUDIA
Address: POBOX 14-1222
City-St-Zip: CORAL GABLES, FL 33114 US

Title: D () Delete
Name: BERG, MARION
Address: POBOX 14-1222
City-St-Zip: CORAL GABLES, FL 33114 US

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: () 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 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: GABRIEL SILVA

PD

05/21/2006

Electronic Signature of Signing Officer or Director

Date