

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002158

FILED  
Jan 15, 2008  
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:

12130 ST. ANDREWS PLACE  
207  
MIRAMAR, FL 33025 US

FEI Number: 65-0422753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SILVA, GABRIEL  
12130 ST. ANDREWS PLACE  
MIRAMAR, FL 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:

01/15/2008

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SILVA, GABRIEL  
Address: 12130 ST. ANDREWS PLACE, 207  
City-St-Zip: MIRAMAR, FL 33025 US

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 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

01/15/2008

Electronic Signature of Signing Officer or Director

Date