

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003269**

1. Entity Name  
**ASOCIACION DE ANTIGUOS ALUMNOS SALESIANOS DE  
GUINES, INC.**



Principal Place of Business  
**12021 S.W. 37TH TERRACE  
MIAMI, FL 33175**

Mailing Address  
**12021 S.W. 37TH TERRACE  
MIAMI, FL 33175**



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1479039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**DOMINGUEZ, CLAUDIO M.,  
6450 S.W. 135TH AVENUE  
MIAMI, FL 33183**

**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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D TARACIDO, CARLOS M DR. 12021 S.W. 37TH TERRACE MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINGUEZ, CLAUDIO M 6450 S.W. 135TH AVENUE MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, JOSE 755 N.W. 23RD AVENUE MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000174453  
01/10/05-80010-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-386-5052