2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N96000003269

Entity Name: ASOCIACION DE ANTIGUOS ALUMNOS SALESIANOS DE GUINES, INC.

Current Principal Place of Business:

12021 S.W. 37TH TERRACE
MIAMI, FL 33175

New Principal Place of Business:

12021 S.W. 37TH TERRACE
MIAMI, FL 331753507

Current Mailing Address:

12021 S.W. 37TH TERRACE
MIAMI, FL 33175

New Mailing Address:

12021 S.W. 37TH TERRACE
MIAMI, FL 331753507

FEI Number: 31-1479039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DOMINGUEZ, CLAUDIO M ,
6450 S.W. 135TH AVENUE
MIAMI, FL 331835019 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: _____ 02/18/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TARACIDO, CARLOS M DR.
Address: 12021 S.W. 37TH TERRACE
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete
Name: DOMINGUEZ, CLAUDIO M
Address: 6450 S.W. 135TH AVENUE
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: GARCIA, JOSE
Address: 755 N.W. 23RD AVENUE
City-St-Zip: MIAMI, FL 33125

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:

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: CLAUDIO M. DOMINGUEZ TREA 02/18/2009
Electronic Signature of Signing Officer or Director — Date