


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

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N00000006759</b><br>1. Entity Name<br>LASALLE HIGH SCHOOL, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>3601 MIAMI AVENUE<br>MIAMI, FL 33133 | Mailing Address<br>3601 MIAMI AVENUE<br>MIAMI, FL 33133 |
|---|---|



02012005 No Chg-NP CR2E037 (10/03)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1152665                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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

FITZGERALD, J PATRICK  
 110 MERRICK WAY, SUITE 3-B  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROCHE, PATRICIA<br>3601 S. MIAMI AVE<br>MIAMI, FL 33133                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SHANE, ERIK<br>3601 MIAMI AVENUE<br>MIAMI, FL 33133                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>VAUGHAN, JOHN J REV<br>9401 BISCAYNE BLVD<br>MIAMI SHORES, FL 33138     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KELLY, VINCENT T REV<br>9401 BISCAYNE BLVD<br>MIAMI SHORES, FL 33138    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENNESSEY, WILLIAM J REV<br>9401 BISCAYNE BLVD<br>MIAMI SHORES, FL 33138 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000228779  
 02/14/05-80053-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia Roche St Patricia Roche 2/10/05 (305) 854-2334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #