


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006759
 Entity Name
LASALLE HIGH SCHOOL, INC.



Principal Place of Business
**3601 MIAMI AVENUE
 MIAMI, FL 33133**

Mailing Address
**3601 MIAMI AVENUE
 MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1152665	Applied For 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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

U00000619019
 02/08/07-80054-025 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Sr. Patricia Roche 1/27/07 (305) 854-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #