2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90045 012 ****70.00

DOCUMENT # N03000002152

1. Entity Name
SOMERSET ACADEMY HIGH SCHOOL, INC.

Principal Place of Business	Mailing Address
6255 BIRD ROAD MIAMI, FL 33155	6255 BIRD ROAD MIAMI, FL 33155

02102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0770346 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AULUETA, IGNACIO G 6255 BIRD ROAD MIAMI, FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 title 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOPICO, SUSIE 14301 SW 42ND STREET MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANTHONY TAIBI 1080 SW 177 WAY MIRAMAR, FL 33029	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUIFANG SU, ANGIE 2150 ARECA PALM RD. BOCA RATON, FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHANNIE SADESKY 20801 JOHNSON STREET PEMBROKE PINES, FL 33029	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PACOBY, RUTH 12425 SW 53RD STREET MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DINA MILLER 1343 CAMELLIA CIRCLE WESTON, FLORIDA 33326	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODWARD, LAGARIE % 6255 BIRD ROAD MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KELLY MALLON 6255 BIRD ROAD MIAMI, FL 33155	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACQUINET, ALEJANDRA S 4475 NAUTILUS DRIVE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MONTERO, BERNARDO 20805 JOHNSON STREET PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: K Mallon 2/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #