2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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1. Entity Name
THE ASSOCIATION OF PRIVATE COLLEGES & SCHOOLS OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
8991 SW 107 AVENUE #200 MIAMI, FL 33176	8991 SW 107 AVENUE #200 MIAMI, FL 33176

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02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0673162
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LLERENA, FERNANDO N
8991 SW 107 AVE. #200
MIAMI, FL 33176

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DV
NAME	REGEIRO, MARIAC
STREET ADDRESS	7162 W 12 AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	DP
NAME	LLERENA, FERNANDON
STREET ADDRESS	8991 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	LLERENA, FERNANDO N
STREET ADDRESS	8991 SW 107 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DT
NAME	JONAS, ROYAL FLAG
STREET ADDRESS	3301 COLLEGE AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80080-001 70.00

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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: FERNANDO N. LLERENA PRESIDENT 2-9-06 305-273-4499 EXT 101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #