# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 16, 2007 8:00 am**
**Secretary of State**

01-16-2007 90189 028 ****61.25

DOCUMENT # N99000000897

1. Entity Name
GULLIVER SCHOOLS, INC.

Principal Place of Business
1500 SAN REMO AVENUE, PH-400
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE, PH-400
CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0900717

☐ Applied For
☐ Not Applicable

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

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

WATTS-FITZGERALD, ABIGAIL
C/O HUNTON & WILLIAMS
1111 BRICKELL AVENUE, #2500
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

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, 2007**

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 | DPST ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BARTEL, JEFFREY S | NAME | |
| STREET ADDRESS | 1500 SAN REMO AVENUE, PH-400 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GERRITS, MICHAEL | NAME | |
| STREET ADDRESS | 1500 SAN REMO AVENUE, PH-400 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | CITY-ST-ZIP | |
| TITLE | D ☒ Delete | TITLE | D ☐ Change ☒ Addition |
| NAME | GILMAN, MILES E | NAME | Nuñez, Emilio |
| STREET ADDRESS | 1500 SAN REMO AVENUE, PH-400 | STREET ADDRESS | 1500 San Remo Avenue, PH-400 |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | CITY-ST-ZIP | Coral Gables, FL 33146 |
| TITLE | D ☒ Delete | TITLE | D ☐ Change ☒ Addition |
| NAME | GETZ, SAMUEL | NAME | Kerdyk, Bill |
| STREET ADDRESS | 1500 SAN REMO AVENUE, PH-400 | STREET ADDRESS | 1500 San Remo Avenue, PH-400 |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | CITY-ST-ZIP | Coral Gables, FL 33146 |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | NIRSCHEL, ROY DR. | NAME | |
| STREET ADDRESS | 1500 SAN REMO AVENUE, PH-400 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | CITY-ST-ZIP | |
| TITLE | DS ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | WATTS-FITZGERALD, ABIGAIL | NAME | |
| STREET ADDRESS | 1500 SAN REMO AVENUE, PH-400 | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | CITY-ST-ZIP | |

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:** Jose E Fuente Jose E. Fuente 01/09/07 (305) 666-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #