


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003204
 1. Entity Name
BLUE LAKES AUTISM SUPPORT TEAM, INC.



Principal Place of Business
**BLUE LAKES ELEMENTARY SCHOOL
 9250 SOUTHWEST 52ND TERRACE
 MIAMI, FL 33165**

Mailing Address
**C/O FARIDES GARCIA
 5108 DONATELLO STREET
 CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0928441

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GARCIA, FARIDES
 5108 DONATELLO STREET
 CORAL GABLES, FL 33146**

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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, 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	S GARCIA, FARIDES 5108 DONATELLO STREET CORAL GABLES, FL 33146
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 05/16/07-80082-025 61.25

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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: Farides Garcia 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #