2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # N06000011679 1. Entity Name CHRISTOPHER COLUMBUS HIGH SCHOOL, INC.				04-21-2008 90056 018 ****61.25		
Principal Place of Business 3000 SW 87TH AVE MIAMI, FL 33165		Mailing Address 3000 SW 87TH AVE MIAMI, FL 33165		L ERROUET CIL BUITO RIGIL BUTIL REGIL ORGIL COLOR HADD LIGITA CIUD LABOR INCIDEL DE		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number Applied 59-0855391 Not App		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	ıl	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
HANDIDODE KEVIN			· Name	ame		
HANDIBODE, KEVIN 3000 SW 87TH AVE MIAMI, FL 33165			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
			City	₽		
			City	FL ' ' ' ' ' '		
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		and the illappacation. (INCIE. N	adista an vita it situativ	required when reinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp	aign Financing	\$5.00 May Be Make check payable to	•	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Make check payable to		
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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:

STO KLUCL HUNDELOODLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

305-)23-5650 Daytime Phone #