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 above, or on an attachment with all other like empowered. 04/15/2013 TREASURER

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

SIGNATURE: SAIDA PIERRI

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: Yes

MIAMI, FL 33015 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	т
Name	ORTIZ, ESTHER	Name	PIERRI, SAIDA
Address	7981 NW 186 TERRACE	Address	19640 CYPRESS COURT
City-State-Zip:	MIAMI FL 33015	City-State-Zip:	MIAMI FL 33015
Title	VP	Title	VP
Name	SIBORI, CLARE	Name	CAPO, ZAYDEE
Address	6760 ORCHID DRIVE	Address	9050 NW 190 STREET
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI FL 33018
Title	VP	Title	SECR
Name	RODRIGUEZ, GLORIA	Name	MENDEZ, MARIBEL
Address	6601 NW 199TH STREET	Address	4850 NW 185 TERRACE
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	MIAMI FL 33055

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004264

Entity Name: MATER LAKES ACADEMY PTSO CORP

Current Principal Place of Business:

17300 NW 87TH AVENUE PTSO MIAMI, FL 33015

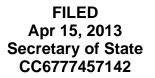
Current Mailing Address:

17300 NW 87TH AVENUE PTSO MIAMI, FL 33015

FEI Number: 80-0741101

Name and Address of Current Registered Agent:

PIERRI, SAIDA P 19640 CYPRESS COURT



Date