


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 380316</b>	
1. Entity Name <b>THE BILTMORE SCHOOL, INC.</b>	

Principal Place of Business <b>1600 S.W. RED ROAD MIAMI, FL 33155 US</b>	Mailing Address <b>1600 S.W. RED ROAD MIAMI, FL 33155 US</b>
---	---

DO NOT WRITE IN THIS SPACE



03102007 No Chg-P CR2E034 (11/05)

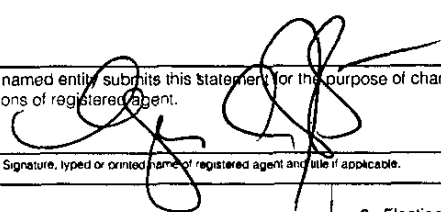
4. FEI Number <b>59-1355026</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DUARTE-ROMERO, GINA C  
841 WALLACE STREET  
MIAMI, FL 33134**

DO NOT WRITE  
IN THIS SPACE

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 **March 12, 2007**

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

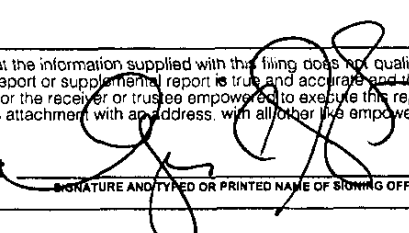
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUARTE-ROMERO, GINA C 841 WALLACE STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUARTE, PETER 841 WALLACE STREET MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000667095  
03/26/07-80014-021 150.00

DO NOT WRITE  
IN THIS SPACE

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 607, 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  DATE **March 12, 2007** 305  
266-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR