


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 380316
 1. Entity Name
 THE BILTMORE SCHOOL, INC.



Principal Place of Business
 1600 S.W. RED ROAD
 MIAMI, FL 33155 US

Mailing Address
 1600 S.W. RED ROAD
 MIAMI, FL 33155 US

DO NOT WRITE IN THIS SPACE



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1355026

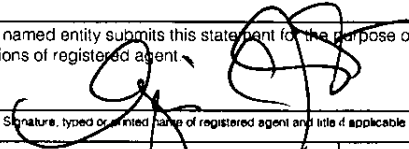
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DUARTE-ROMERO, GINA C
 841 WALLACE STREET
 MIAMI, FL 33134

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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: May 28, 2008

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

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

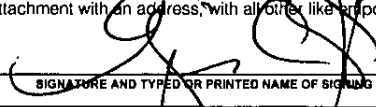
10. OFFICERS AND DIRECTORS

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

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 06/04/08-80083-001 550.00

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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 prepare 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: May 28, 2008 335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 266 4666