


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 721739**  
 1. Entity Name  
**LA PROGRESIVA PRESBYTERIAN SCHOOL, INC.**



Principal Place of Business 2480 NW 7TH ST MIAMI, FL 33125-3135	Mailing Address 2480 NW 7TH ST MIAMI, FL 33125-3135
---	---



02102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1361410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MORALES, MIRIAM  
 6237 SW 26 STREET  
 MIAMI, FL 33155

**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: Miriam Morales 2/9/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	M VALERA, ROAMI 482 SW 87 PLACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M MARTINEZ, ALEIDA 2850 SW 1 STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORALES, RAUL 6237 SW 26 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORALES, MIRIAM 6237 SW 26 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEJERA, ANGEL 6805 SW 139 PLACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M HENANDEZ, ROBERT 421 WREN AVE MIAMI, FL 33166

U00000235166  
 02/18/05-80051-006 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Miriam Morales 2/9/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #