

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 028 ****70.00

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**

40098897



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04242007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1361410

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORALES, MIRIAM
6237 SW 26 STREET
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name **Nelia Senti**

Street Address (P.O. Box Number is Not Acceptable)

5821 SW 5 terrace

City **Miami**

FL Zip Code **33144**

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

Nelia Senti **Nelia Senti, President**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **M** ☐ Delete
NAME **CARBALLO, YOLANDA**
STREET ADDRESS **4742 SW 1ST**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **M** ☐ Delete
NAME **ISABEL, CRUZ**
STREET ADDRESS **2852 SW 1 ST**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE **T** ☒ Delete
NAME **MORALES, RAUL**
STREET ADDRESS **6237 SW 26 STREET**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **PD** ☒ Delete
NAME **MORALES, MIRIAM**
STREET ADDRESS **6237 SW 26 STREET**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **M** ☒ Delete
NAME **RODRIGUEZ, VICTORIA**
STREET ADDRESS **3620 NW 122 CT**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **TD** ☒ Delete
NAME **SENTI, NELIA**
STREET ADDRESS **5821 SW 5 TERR**
CITY-ST-ZIP **MIAMI, FL 33144**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Emilio Rodriguez**
STREET ADDRESS **2150 Sans Souci Blvd #B206**
CITY-ST-ZIP **North miami, FL 33181**

TITLE **Treasure** ☐ Change ☒ Addition
NAME **Frank Cabo**
STREET ADDRESS **590 NW 126 st.**
CITY-ST-ZIP **North miami, FL 33108**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Sergio Ayala**
STREET ADDRESS **P.O. Box 1286**
CITY-ST-ZIP **Islamorada, FL 33036**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Chi Wong**
STREET ADDRESS **2001 SW 24 terrace**
CITY-ST-ZIP **miami, FL 33145**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Victoria Rodriguez**
STREET ADDRESS **3620 NW 122 ct**
CITY-ST-ZIP **miami, FL 33175**

TITLE **President** ☒ Change ☐ Addition
NAME **Nelia Senti**
STREET ADDRESS **5821 SW 5 terr.**
CITY-ST-ZIP **miami FL 33144**

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:

Nelia Senti, President (Nelia Senti)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

Daytime Phone #