

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731206

FILED
Mar 10, 2010
Secretary of State

Entity Name: AMIKIDS MIAMI-DADE, INC.

Current Principal Place of Business:

1820 ARTHUR LAMB JR. RD.
MIAMI, FL 33149

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DR
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-1561549 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HULL, DAVID J
225 WATER STREET, STE. 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: C
Name: PERDIGON, SCOTT
Address: 9100 S. DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: P
Name: MILAN, CRAIG
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132

Title: S
Name: WILLIAMS, V.T.
Address: 9130 DADELAND BLVD #1400
City-St-Zip: MIAMI, FL 33156

Title: T
Name: VALDIVIA, RICARDO
Address: 1401 BRICKELL AVE SUITE 1400
City-St-Zip: MIAMI, FL 33131

Title: D
Name: STANDER, OB
Address: 5915 BENJAMIN CENTER DRIVE
City-St-Zip: TAMPA, FL 33634

Title: D
Name: DE ARMAS, LUIS
Address: 201 S. BISCAYNE BLVD #1500
City-St-Zip: MIAMI, FL 33131

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 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.

SIGNATURE: O.B. STANDER

D

03/10/2010

Electronic Signature of Signing Officer or Director

Date