
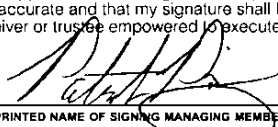


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 3: 27

DOCUMENT # L03000005365 1. Entity Name PIZARRO SCHOOL FOR MONTESSORI LEARNING, LLC					
Principal Place of Business 9850 SW 24 STREET MIAMI, FL 33165			Mailing Address 9850 SW 24 STREET MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0680475	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PIZARRO, PATRICK N MR. 16500 S.W. 173 AVENUE MIAMI, FL 33187				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIZARRO, MILTON 8999 SW 123 COURT, APT. #207 MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIZARRO, PATRICK 16500 S.W. 173 AVE MIAMI, FL 33187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIZARRO, ZOE 16500 SW 173 AVE. MIAMI, FL 33187	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIZARRO, CRISTINA 14250 SW 74 CT MIAMI, FL 33158	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIZARRO, MILTON 14250 SW 74 CT MIAMI, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
REINSTATEMENT 2007 BLT			800110952568 10/18/07--01036--003 **150.00		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				Patrick Pizarro	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	