

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M98958

1. Entity Name
DADE COUNTY HIGH TECH SCHOOL, INC.



Principal Place of Business

8230 W FLAGLER ST
MIAMI, FL 33144

Mailing Address

8230 W FLAGLER ST
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0074056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARENCIBIA, ERIC
19450 ROYAL BIRKDALE DR
MIAMI, FL 33015

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
DP
ARENCIBIA, ERIC
19450 ROYAL BIRK DALE DR
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
QUEVEDO, MAURICIO
5825 SW 4TH ST
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
CORDOBA, RAFAEL
10360 SW 60TH ST
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000357681
05/04/05-80083-024 158.75

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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)(i), 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 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05.

Date

Daytime Phone #