## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004731

Address:

City-St-Zip:

14627 NW 7TH AVENUE

MIAMI, FL 33142

FILED Mar 04, 2009 Secretary of State

Entity Nar	me: WESTER	N GENERAL EDUCATION,	INC.					
Current Principal Place of Business:				New Principal Place of Business:				
14627 NW 7TH AVENUE MIAMI, FL 33168				8325 NE 2ND AVENUE MIAMI, FL 33138				
Current Mailing Address:				New Mailing Address:				
14627 NW 7TH AVENUE MIAMI, FL 33168				POST OFFICE BOX 381166 MIAMI, FL 33238				
FEI Number:	: 65-1023981	FEI Number Applied For ( )	FEI Num	ber Not Appl	icable ( )	Certificate of	f Status Desired (	.)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	, JEAN R 23RD STREET (E PINES, FL							
	named entity see of Florida.	submits this statement for the	e purpose of	changing i	ts register	ed office or regis	tered agent, or	both,
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VALSAINT, JEA 7745 NW 23RD			Title: Name: Address: City-St-Zip:		()Change ()A	ddition	
Title: Name: Address: City-St-Zip:	VALSAINT, ROS 7745 NW 23RD			Title: Name: Address: City-St-Zip:		() Change () A	ddition	
Title: Name: Address: City-St-Zip:	T () VALSAINT, JOA 14627 NW 7TH MIAMI, FL 331	AVENUE		Title: Name: Address: City-St-Zip:	T VALSAINT, 329 NE 16 MIAMI, FL	6TH STREET	ddition	
Title: Name:	S () VALSAINT, NEF	Delete RLA		Title: Name:	S VALSAINT	(X) Change()A , NERLA	ddition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

MIAMI, FL 33162

329 NE 166TH STREET

SIGNATURE: DR JEAN VALSAINT Ρ 03/04/2009