2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N01000002007

Entity Name: PARENTS ASSOCIATION FOR CHRISTIAN ENRICHMENT OF MIAMI, INC.

Current Principal Place of Business:

8450 S.W. 36 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8450 S.W. 36 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1092154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, ROBERT
8450 S.W. 36 STREET
MIAMI, FL 33155 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: D/P ( ) Delete
Name: RIOS DIAZ, JULIA P
Address: 8450 S.W. 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: D/VP ( ) Delete
Name: COFFEY, SUSAN VP
Address: 8871 S.W. 54 STREET
City-St-Zip: MIAMI, FL 33165

Title: D/ ( ) Delete
Name: DIAZ, ROBERT
Address: 8450 S.W. 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: D/S ( ) Delete
Name: EVELYN, PATTI S
Address: 4880 S.W. 92 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D/T ( ) Delete
Name: FILLMON, LOURDES T
Address: 10885 N.W. 50 STREET #109
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/VP (X) Change ( ) Addition
Name: FILLMON, LOURDES VP
Address: 10885 N.W. 50 STREET #109
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change ( ) Addition
Name: COFFEY, SUSAN T
Address: 8871 S.W. 54 STREET
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JULIA RIOS DIAZ P 04/27/2005

Electronic Signature of Signing Officer or Director — Date