## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002007

FILED Apr 27, 2009 Secretary of State

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

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
8450 S.W. 36 STREET MIAMI, FL 33155 Current Mailing Address:				8450 S.W. 36 STREET MIAMI, FL 33155 US  New Mailing Address:		
			New Mailing			
8450 S.W. MIAMI, FL	36 STREET 33155		8450 S.W. 3 MIAMI, FL 3			
FEI Number:	: 65-1092154	FEI Number Applied For ( )	FEI Number Not Applic	cable ( ) Certificate of Status Desired	( )	
Name and	Address of C	Current Registered Agent:	Name and A	Address of New Registered Agent:		
DIAZ, ROE 8450 S.W. MIAMI, FL	36 STREET					
	named entity : e of Florida.	submits this statement for the p	urpose of changing its	s registered office or registered agent, or	both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D/P ( ) DIAZ, JULIA RI 8450 S.W. 36 S MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	, ,	) Delete	Title:	() Change () Addition		
Address:	HERBERT, JUA 12660 SW 189 MIAMI, FL 331	STREET	Name: Address: City-St-Zip:			
Address: City-St-Zip: Title: Name: Address:	12660 SW 189 MIAMI, FL 331	STREET 77 ) Delete I S AVENUE	Address: City-St-Zip: Title: Name: Address:	D/S (X) Change ( ) Addition LYNCH, MARISSETTE S 12691 SW 144 TERRACE MIAMI, FL 33186		
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	12660 SW 189 MIAMI, FL 331 D/S EVELYN, PATT 4880 S.W. 92 / MIAMI, FL 331	STREET 77  Delete I S AVENUE 65  Delete AN	Address: City-St-Zip: Title: Name: Address:	LYNCH, MARISSETTE S 12691 SW 144 TERRACE		

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.

SIGNATURE: JULIA R. DIAZ PRES 04/27/2009