

**2004 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

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**FILED**

04 SEP -9 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N01000002028				1. Entity Name DORAL ACADEMY HIGH SCHOOL, INC.	
Principal Place of Business 11100 NW 27TH STREET MIAMI, FL 33172 US			Mailing Address 6255 BIRD ROAD MIAMI, FL 33155 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1115240	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZULUETA, IGNACIO G ESQ. 6255 BIRD ROAD MIAMI, FL 33155			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			300040939173		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELLO, SALIMA		NAME	Jacquinet, Alejandra Sallma	
STREET ADDRESS	6255 BIRD ROAD		STREET ADDRESS	4475 Nautilus Drive	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami Beach, Florida 33140	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, GABRIELLE		NAME	Alvarez, Gabrielle	
STREET ADDRESS	6255 BIRD ROAD		STREET ADDRESS	10450 Nw 48th Street	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, Florida 33178	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRESEN, MILLIE		NAME	Fresen, Millie	
STREET ADDRESS	6255 BIRD ROAD		STREET ADDRESS	1412 El Rado Street	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROSO, VICTOR		NAME	Barroso, Victor	
STREET ADDRESS	6255 BIRD RD.		STREET ADDRESS	12583 SW 119th Place	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, Florida 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLANES, ROLANDO		NAME	Gomez, Ileana	
STREET ADDRESS	6255 BIRD ROAD		STREET ADDRESS	2450 NW 97th Avenue	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	Miami, Florida 33172	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, ANA		NAME	Carbonell, Ana	
STREET ADDRESS	8525 NW 53 TERRACE, #102		STREET ADDRESS	193 Corydon Drive	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	Miami Springs, Florida 33166	
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 617, 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 like empowered.					
SIGNATURE: <i>Victor Barroso</i>			9/8/04 (305)669-2906		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

*mrs*

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DORAL ACADEMY HIGH SCHOOL, INC.

ADDITIONAL OFFICERS AND DIRECTORS:

Title: S  
Name: Linaje, Kelly Mallon  
Street Address: 6255 Bird Road  
City-St-Zip: Miami, Florida 33155

Title: T  
Name: Fresen, Magdalena  
Street Address: 6255 Bird Road  
City-St-Zip: Miami, Florida 33155

Title: VP  
Name: Jimenez, Frank  
Street Address: 11100 NW 27th Street  
City-St-Zip: Miami, Florida 33172

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 870034 131879A  
AUTHORIZATION :  
COST LIMIT : \$ 61.25

*Patricia Pizots*

ORDER DATE : August 31, 2004  
ORDER TIME : 3:28 PM  
ORDER NO. : 870034-015  
CUSTOMER NO: 131879A  
CUSTOMER: Ms. Annette Frances  
Ignacio G. Zulueta, P.a.  
Suite 3-i  
6255 Bird Road  
Miami, FL 33155

ANNUAL REPORT FILING

NAME: DORAL ACADEMY HIGH SCHOOL, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire-EXT#2909

EXAMINER'S INITIALS:

RECEIVED  
04 SEP -9 PM 4:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA