

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000003344**

1. Entity Name  
**WALDORF INTERNATIONAL SCHOOL, INC.**



Principal Place of Business  
**17700 OLD CUTLER ROAD  
MIAMI, FL 33157**

Mailing Address  
**17700 OLD CUTLER ROAD  
MIAMI, FL 33157**



04202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1037437</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LEE, DARLA  
7665 SW 102 PLACE  
MIAMI, FL 33157**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000326502  
04/23/05-80058-015 \$61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CUMMING, YVONNE
STREET ADDRESS	17700 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	VSD
NAME	CUMMING, D. RICHARD
STREET ADDRESS	17700 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	TD
NAME	RODRIGUEZ, SYLVANA
STREET ADDRESS	17700 OLD CUTLER RD
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(f), 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:** *Yvonne Cumming*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 305-278-2286  
Date Daytime Phone #