

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90339 036 \*\*\*\*61.50

**DOCUMENT # N02000006903**

1. Entity Name

AMERICAN SCHOOL ALTERNATIVE, INC.



Principal Place of Business

535 NW 97TH ST.  
MIAMI FL 33150

Mailing Address

535 NW 97TH ST.  
MIAMI FL 33150



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0425102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

TOUSSAINT, LOUIS  
535 NW 97TH ST.  
MIAMI FL 33150

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TOUSSAINT, LOUIS ☐ Delete  
STREET ADDRESS 535 NW 97TH ST.  
CITY- ST- ZIP MIAMI FL 33150

TITLE VT  
NAME RODRIGUEZ, SERGE ☐ Delete  
STREET ADDRESS 535 NW 97TH ST.  
CITY- ST- ZIP MIAMI FL 33150

TITLE T  
NAME ALPHONSE, CARMEL ☐ Delete  
STREET ADDRESS 535 NW 97TH ST.  
CITY- ST- ZIP MIAMI FL 33150

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 12, 2008 3057516109  
Date Daytime Phone #