

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006903

FILED
Apr 06, 2009
Secretary of State

Entity Name: AMERICAN SCHOOL ALTERNATIVE, INC.

Current Principal Place of Business:

535 NW 97TH ST.
MIAMI, FL 33150

New Principal Place of Business:

10 NW 85 STREET
MIAMI, FL 33150

Current Mailing Address:

535 NW 97TH ST.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 51-0425102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOUSSAINT, LOUIS
535 NW 97TH ST.
MIAMI, FL 33150 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: PD () Delete
Name: TOUSSAINT, LOUIS
Address: 535 NW 97TH ST.
City-St-Zip: MIAMI, FL 33150

Title: VT () Delete
Name: RODRIGUEZ, SERGE
Address: 535 NW 97TH ST.
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: ALPHONSE, CARMEL
Address: 535 NW 97TH ST.
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LOUIS F TOUSSAINT

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date