2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# N02000007725

Entity Name: NATIONAL BOARD CERTIFIED TEACHERS OF MIAMI-DADE, INC.

Current Principal Place of Business:

900 NE 125 ST
10
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

900 NE 125 ST
10
MIAMI, FL 33161

New Mailing Address:

FEI Number: 06-1651310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVY, MICHELLE B
900 NE 125 ST SUITE 10
MIAMI, FL 33161 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: NAZARENO, LORI
Address: 900 NE 125 ST SUITE 10
City-St-Zip: MIAMI, FL 33161

Title: VD ( ) Delete
Name: SOLIS, KAREN V
Address: 900 NE 125 ST SUITE 10
City-St-Zip: MIAMI, FL 33161

Title: SD ( ) Delete
Name: PHAM, KATHY
Address: 225 NE 34TH STREET SUITE 300
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete
Name: IVY, MICHELLE B
Address: 225 NE 34TH STREET SUITE 300
City-St-Zip: MIAMI, FL 33137

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LORI NAZARENO PD 04/02/2005

Electronic Signature of Signing Officer or Director — Date