
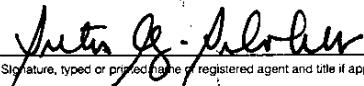
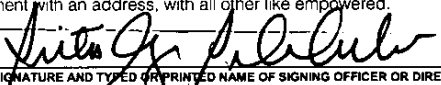


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90333 018 ****61.25

DOCUMENT # N03000001532 1. Entity Name DEVRY STUDENT ACTIVITIES OF SOUTH FLORIDA, INC.					
Principal Place of Business 2300 SW 145TH AVE MIRAMAR, FL 33027			Mailing Address 2300 SW 145TH AVE MIRAMAR, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
-- Zip --		-- Country --		-- Zip --	
-- Country --		-- Country --		4. FEI Number 93-1332033	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEVRY UNIVERSITY STUDENT SERVICES DEPARTMENT 2300 SW 145TH AVE MIRAMAR, FL 33027				7. Name and Address of New Registered Agent Name Pelobello, Pieta Street Address (P.O. Box Number is Not Acceptable) 2300 SW 145TH AVE City Miramar FL Zip Code 33027	
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 4/21/06	
Filing Fee is \$61.25 Due by May 1, 2006				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	JOHNSON, ALLISA		NAME	Pelobello, Pieta	
STREET ADDRESS	2300 SW 145TH AVE		STREET ADDRESS	2300 SW 145TH AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMARCHO, CAROLE		NAME	Michael Cubbin	
STREET ADDRESS	2300 SW 145TH AVE		STREET ADDRESS	2300 SW 145TH AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	Miramar, FL 33027	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date 4/21/06 Daytime Phone # 954-499-9740		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					