



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90078 019 ****70.00

DOCUMENT # N03000002152 1. Entity Name SOMERSET ACADEMY HIGH SCHOOL, INC.					
Principal Place of Business 6255 BIRD ROAD MIAMI, FL 33155				Mailing Address 6255 BIRD ROAD MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0770346	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AULUETA, IGNACIO G 6255 BIRD ROAD MIAMI, FL 33155				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DCP BARROSO, VICTOR 1228 WEST AVENUE 1405 DEVINE, TX 78016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, CYNTHIA 2766 CR 5710 DEVINE, TX 78016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUIFANG SU, ANGIE 2150 ARECA PALM RD. BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESENDEZ, CARLOS 4835 E. BEVERLY MAE DRIVE SAN ANTONIO, TX 78229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCS ROMAN, MARYL 16486 SW 20 STREET MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIN, LOUIS 9315 CHATANOOGA DRIVE SAN ANTONIO, TX 78240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILARTE, KIM 7700 NW 98TH STREET HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, DAVID 1530 NW 20 AVENUE MIAMI, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACQUINET, ALEJANDRA S 4475 NAUTILUS DRIVE MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SADECKY, SHANNIE 12601 SOMERSET BLVD. MIRAMAR, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTERO, BERNARDO 20805 JOHNSON STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RV12, SUZETTE 18441 SW 134 AVENUE MIAMI, FL 33177	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: _____ Victor Barroso 4-23-08 305-345-5289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40088382

N03000002152

ADDITION:

TITLE	VP
NAME	ALVAREZ, OFELIA
STREET ADDRESS	23255 SW 115 AVENUE
CITY-ST-ZIP	MIAMI, FL 33032

TITLE	VP
NAME	SAMIKIN, RUFUS
STREET ADDRESS	3803 LYSER ROAD
CITY-ST-ZIP	SAN ANTONIO, TX 78223