

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 24, 2005**  
**Secretary of State**

DOCUMENT# N03000002732

**Entity Name:** WESTLAKE PREPARATORY SCHOOL, INC.**Current Principal Place of Business:**4188 S. UNIVERSITY DRIVE  
DAVIE, FL 33328**New Principal Place of Business:****Current Mailing Address:**4188 S. UNIVERSITY DRIVE  
DAVIE, FL 33328**New Mailing Address:****FEI Number:** 81-0605213**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VOLKMAN, JASON D ESQ.  
WESTLAKE PREPARATORY SCHOOL, INC.  
C/O 1930 TYLER ST  
HOLLYWOOD, FL 33020 US**Name and Address of New Registered Agent:**SAMAREL, ROBERT D  
WESTLAKE PREPARATORY SCHOOL, INC.  
C/O 4188 S. UNIVERSITY DRIVE  
DAVIE, FL 33414 US

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: ROBERT SAMAREL

06/24/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAMAREL, ROBERT MR.  
Address: 12991 BLUE LAKE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: KIRBY, DONNA MRS.  
Address: 1125 YALE DR.  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DT ( ) Delete  
Name: FAGA, CAROL MRS.  
Address: 3613 CORAL SPRINGS DR.  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DS ( ) Delete  
Name: GIL, SHIRLEY MRS.  
Address: 4909 NW 92 AVENUE  
City-St-Zip: SUNRISE, FL 33351

**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: SHIRLEY GIL

DS

06/24/2005

Electronic Signature of Signing Officer or Director

Date