


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005094</b> 1. Entity Name SCHOOL DEVELOPMENT FOUNDATION, INC.	
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Principal Place of Business 11515 SW 60 ST. MIAMI, FL 33173	Mailing Address 11515 SW 60 ST. MIAMI, FL 33173
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**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0878977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  ARRASITA, JORGE J 11515 SW 60 ST. MIAMI, FL 33173	<b>DO NOT WRITE IN THIS SPACE</b>
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IN THIS SPACE**

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARRASITA, JORGE J 11515 SW 60 ST. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABANILLA, ENRIQUE J 4117 ALHAMBRA CIRCLE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESOINA, GERMAN 260 NW 107TH AVE. #214 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASAS, LUIS 6899 SW 82ND CT. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUMERO, MARIO H 7525 SW 72ND CT. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000370721  
07/05/05-80029-002 61.25

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**12.** I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b>  <b>JORGE J ARRASITA</b>	Date: <b>6/29/05</b>	Daytime Phone #: <b>(305) 274-4889</b>
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