

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

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

**DOCUMENT # N03000005094**

1. Entity Name  
**SCHOOL DEVELOPMENT FOUNDATION, INC.**



Principal Place of Business

**11515 SW 60 ST.  
MIAMI, FL 33173**

Mailing Address

**11515 SW 60 ST.  
MIAMI, FL 33173**

**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 ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ARRASITA, JORGE J  
11515 SW 60 ST.  
MIAMI, FL 33173**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ARRASITA, JORGE J
STREET ADDRESS	11515 SW 60 ST.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VD
NAME	CABANILLA, ENRIQUE J
STREET ADDRESS	4117 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD
NAME	ESOINA, GERMAN
STREET ADDRESS	260 NW 107TH AVE. #214
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	CASAS, LUIS
STREET ADDRESS	6899 SW 82ND CT.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	FUMERO, MARIO H
STREET ADDRESS	7525 SW 72ND CT.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000370721  
07/05/05-80029-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JORGE J ARRASITA**

**6/29/05 (20) 274-4889**

Date

Daytime Phone #