

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005094

FILED
Apr 27, 2009
Secretary of State

Entity Name: SCHOOL DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

11515 SW 60 ST.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11515 SW 60 ST.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-0878977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRASTIA, JORGE J
11515 SW 60 ST.
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARRASTIA, JORGE J
Address: 11515 SW 60 ST.
City-St-Zip: MIAMI, FL 33173

Title: VD () Delete
Name: MARTINEZ-FRAGA, PEDRO J
Address: 11251 SW 157 COURT
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: DUYOS, RAFAEL
Address: 7704 SW 129 CT
City-St-Zip: MIAMI, FL 33183

Title: SD () Delete
Name: CASAS, LUIS
Address: 6899 SW 82ND CT.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: FUMERO, MARIO H
Address: 7525 SW 72ND CT.
City-St-Zip: MIAMI, FL 33143

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 exemption stated 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 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: JORGE J ARRASTIA

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date