

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90193 029 ****70.00

60033946



DOCUMENT # N03000007622 1. Entity Name INTERNATIONAL STUDIES CHARTER 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.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SRVS., INC 2731 EXECUTIVE PRK DR STE 4 FORT LAUDERDALE, FL 33331			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	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MAUD		NAME	USERO VILCHEZ, FRANCISCO JAVIER	
STREET ADDRESS	912 ESCOBAR		STREET ADDRESS	3500 CORAL WAY, #410	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, VICTOR		NAME	RODRIGUEZ, MIRIAM	
STREET ADDRESS	986 ALHAMBRA CIR.		STREET ADDRESS	4420 SW 5 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	PDC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCO, PATRIZIA		NAME		
STREET ADDRESS	220 MIRACLE MILE STE 213		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPERSIA, GIAMPIERO		NAME		
STREET ADDRESS	10 NE 39TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAFFIN, JEAN MICHEL		NAME		
STREET ADDRESS	8200 NW 33RD ST STE 300		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ LOPEZ, JOSE ANTONIO		NAME		
STREET ADDRESS	3163 OAK AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
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: _____		_____ Francisco Javier Usero Vilchez 4/9/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

305-669-2906