2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000008674 1. Entity Name MONTESSORI ACADEMY PTO, INC. Principal Place of Business Mailing Address							2007 NOV 16 PM 1: 30					
Principal Place of Business 19620 PINES BLVD. SUITE 115 PEMBROKE PINES, FL 33029 Mailing Address 19620 PINES BLVD. SUITE 115 SUITE 115 PEMBROKE PINES, FL 33							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business - No P.O. Box # Mailing Address Suite Ant # etc. Suite Ant # etc.												
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State					etc.				hg-NP	CR2E037	· , ,	
City & State	e		City	& State				4. FEI Number 20-066502	20	_		plied For t Applicable
Zip	Country	/	Zip		Cou	entry		5. Certificate of St	tatus Desired		B.75 Add e Required	
	6. Name and Addre	ss of Current F	legistered	I Agent		Mana		7. Name and Add		istered Ag	ent	
BENITEZ, 19620 PIN SUITE 115 PEMBROK	ES BLVD.	29 . 1				196	HE Address (20 LTE	エERTA P.O. Box Number is アチルモシー BI	Not Acceptable)	LOYD		
	ΛI					City.		201- 0-	100	FL	Zip Code	2.4
8. The above the obligati	named entity submits the	is statement for	the purpe	se of changing	its registere			POKE PIA ed agent, or both, in			330 niliar with,	
SIGNATURE .	Signature, typed or period name	N AH	MV nd little if applied	<u> </u>				LEASURER (when reinstating)	U	DATE	<u>ી</u>	
	Amended AR is \$6	31.25	1	9. Election C Trust Fun	Campaign F d Contributi			\$5.00 May Be Added to Fees		ke check p a Departm		
10.		CERS AND DIR	ECTORS		11.		/	ADDITIONS/CHANG	ES TO OFFICERS			
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STREET ADDRESS	19620 PINES BLVD					ET ADDRESS	1146	20 F	DCAD E	12		
CITY-ST-ZIP	PEMBROKE PINES	, FL 33029				-ST-ZIP	PEM	Broke Pin	155 FL	3307		7
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NAME				□ Detete	NAME		MAX	WELL, CHR	1STINA	_] cirange	Led Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP	اعلاها	lo pines morace pi	BLVD #1	15 . 3307	19	
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STREET ADDRESS						ET ADDRESS	196	LERTAG LO PINES	BLVD #11	S		
CITY-ST-ZIP					спу-	ST-ZIP	PEM	BRUKE PS	wes, FL	3307		
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE		CAL	DERIN, DA LO PINES B	MARIS] Change	Addition
CITY-ST-ZIP		4 1	A	1		ST-ZIP	PEN	1Broke 12	NES. FL	- 33	29	
12. I hereby o	entify that the information	supplied with	his filing	des not qualify	for the exe	mptions c	ontained	in Chapter 119, Flor	rida Statutes. I fur	ther certify	that the int	ormation
of the corp	ertify that the information on this report or suppler poration or the receiver of or on an attachment with	or trustee empor	w red to e	ike empower	ort as requir ed.	ed by Cha	apter 617	, Florida Statutes; an	nd that my name a	appears in B	llock 10 or	Block 11 if
SIGNAT	URE:	Muy	<u>1 1</u>	OF SIGHS OFFICE	FLOYD) FE	1ER7	1	57 07 Deta	3uS-	796-	1397
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2 of 2

1. Entity Nam MONTES	MENT # N0300008 SORI ACADEMY PTO, INC								
19620 PINE SUITE 115	e of Business S BLVD. PINES, FL 33029	Mailing Address 19620 PINES BLVD, SUITE 115 PEMBROKE PINES, FL 3	33029						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			11082007 C	thg-NP	CR2E037	7 (12/06)	
City & Stat	le .	City & State			4. FEI Number 20-066502	20		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New R			
SUITE 118	IES BLVD.		Street City		P.O. Box Number is			Zip Code	
	e named entity submits this statement to tions of registered agent. SEE F1451 P Stgnature, typed or printed name of registered agent	AGE	registered office		_	the State of Flo	<u> </u>	1 amiliar with,	and accept
	Amended AR is \$61.25	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees		lake check rida Departr		
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS (CUANC	בכי דה הבכורב	DC AND DID	ECTORS IN	10 /
					ADDITIONS/CHANG	IES TO OFFICE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicatec of the co	CARGIULO-BENITEZ, MONICA 19629 PINES BLVD PEMBROKE PINES, FL 33029 Certify that the information supplies with an this report or supplemental report is reportation or the receiver or trustee on in the receiver or trustee on the receiver or trustee on in the receiver or trustee on in the receiver or trustee on the receiver or trustee or t	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP THE exemptions the exemptions ty signature shall as required by C	contained have the hapter 61:	-SH, GLOI 20 PINE IBROKE G	orida Statutes.	further certify oath; that I are	Change Change Change Change	Addition Addition Addition Addition Addition