2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011063

FILED Apr 04, 2012 Secretary of State

Entity Name: ASSURANT SATELLITE LEARNING CENTER PTA INC.

Current Principal Place of Business: New Principal Place of Business:

11195 SW 196TH ST MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

11195 SW 196TH ST MIAMI, FL 33157

FEI Number: 65-0594154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEVESQUE, CHERYL

11222 QUAIL ROOST DRIVE

MIAMI, FL 33157 US

CEDENO, BETTY

11222 QUAIL ROOST DRIVE

MIAMI, FL 33157 US

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: BETTY CEDENO 04/04/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: VP

Name: CASTRO, ZENIA

Address: 11222 QUAIL ROOST DRIVE

City-St-Zip: MIAMI, FL 33157

Title: VP

Name: TERRY, MARGARET
Address: 11222 QUAIL ROOST DRIVE

City-St-Zip: MIAMI, FL 33157

Title: VP

Name: GONZALEZ, CECILIA Address: 11195 SW 196 STREET City-St-Zip: MIAMI, FL 33157

Title: PRES

Name: ROMERO, AYEISHA

Address: 11222 QUAIL ROOST DRIVE

City-St-Zip: MIAMI, FL 33157

Title: SEC

Name: ALEMAN, PETULA

Address: 11222 QUAIL ROOST DRIVE

City-St-Zip: MIAMI, FL 33157

Title: TREA

Name: CEDENO, BETTY

Address: 11222 QUAIL ROOST DRIVE

City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: BETTY CEDENO TREA 04/04/2012