


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90148 003 \*\*\*\*61.25

DOCUMENT # N04000001069			
1. Entity Name HIGHER EDUCATION PARTNERSHIP FOR SOUTHEAST FLORIDA INC.			
Principal Place of Business 5079 N. DIXIE HIGHWAY #301 OAKLAND PARK, FL 33334		Mailing Address 5079 N. DIXIE HIGHWAY #301 OAKLAND PARK, FL 33334	
2. Principal Place of Business - No P.O. Box # 5079 N. DIXIE HIGHWAY Suite, Apt. #, etc. 301		3. Mailing Address 5079 N. DIXIE HIGHWAY Suite, Apt. #, etc. 301	
City & State OAKLAND PARK, FL Zip 33334 Country USA		City & State OAKLAND PARK, FL Zip 33334 Country USA	
6. Name and Address of Current Registered Agent MCLAUGHLIN, HEIDI M 5079 N. DIXIE HIGHWAY #301 OAKLAND PARK, FL 33334		4. FEI Number 20-0706933 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	P MCLAUGHLIN, HEIDI M BARRY UNIV, 11300 NE 2ND AVE MIAMI SHORES, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEBOW, JANA 3970 RCA BLVD, SUITE 7000 PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCIS FRANCOIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UNION INSTITUTE + UNIVERSITY 16853 NE 2 AVE #102 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS SCHUMANN, SILVIA R 3601 N. MILITARY TRAIL BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS GALLI, GINO 111 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENISE GARCIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PALM BEACH ATLANTIC UNIV. 901 S. FLAGLER DR. WPR FL 33416-4708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTCZAK, LAURA FAU 2912 COLLEGE AVE DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Heidi M. McLaughlin</u> HEIDI M. MCLAUGHLIN		Date: <u>4-30-08</u> Daytime Phone #: <u>954-351-2608</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	