## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001352

FILED Aug 23, 2006 Secretary of State

Entity Name: FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES MIAMI-DADE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:	
217 ESCC VISTA, CA	NDIDO AVE #7 A 92084	3050 NW 183RD STREET MIAMI GARDENS, FL 33056 US	
Current N	lailing Address:	New Mailing Address:	
217 ESCONDIDO AVE #7 VISTA, CA 92084		217 ESCONDIDO AVE SUITE 7 VISTA, CA 92084	
n accordar	: 20-0716602       FEI Number Applied For ( )         FEI N ice with s. 607.193(2)(b), F.S., the corporation did not receiv I Address of Current Registered Agent:	lumber Not Applicable ( ) Certificate of Status Desired ( ) e the prior notice.  Name and Address of New Registered Agent:	
SUITE 130 JACKSON The above	EPENDENT DRIVE 00 IVILLE, FL 32202 US	e of changing its registered office or registered agent, or bot	
SIGNATU	RE:		
	Electronic Signature of Registered Agent	Date	
SEICED	S AND DIRECTORS:		
JEFICER	O AND DIRECTORS.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
Fitle: Name: Address: City-St-Zip:	DR () Delete DAWSON, LINDA C PRES 217 ESCONDIDO AVENUE, SUITE 7 VISTA, CA 92084 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
ritle: lame: ddress: Dity-St-Zip: ritle: lame: ddress:	DR () Delete DAWSON, LINDA C PRES 217 ESCONDIDO AVENUE, SUITE 7	Title: ( ) Change ( ) Addition Name: Address:	
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ritle: lame: kddress: City-St-Zip: ritle: lame: kddress: City-St-Zip: ritle: lame: kddress:	DR () Delete DAWSON, LINDA C PRES 217 ESCONDIDO AVENUE, SUITE 7 VISTA, CA 92084 US  MS () Delete TELESFORD, TSCHERINA VP 12350 SW 285TH STREET HOMESTEAD, FL 33033 US  MS () Delete ORTEGA, MYRA I SEC 9190 BISCAYNE BLVD., SUITE 202	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: MS (X) Change ( ) Addition Name: PUENTE, CYNTHIA DIR Address: 12350 SW 285TH STREET City-St-Zip: HOMESTEAD, FL 33033 US  Title: ( ) Change ( ) Addition Name: Address:	
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I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID W JENKINS TREA 08/23/2006