

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001352

FILED
Apr 27, 2007
Secretary of State

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

Current Principal Place of Business:

3050 NW 183RD STREET
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

217 ESCONDIDO AVE
SUITE 7
VISTA, CA 92084

New Mailing Address:

FEI Number: 20-0716602 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: DAWSON, LINDA C PRES
Address: 217 ESCONDIDO AVENUE, SUITE 7
City-St-Zip: VISTA, CA 92084 US

Title: MS () Delete
Name: PUENTE, CYNTHIA DIR
Address: 12350 SW 285TH STREET
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MS () Delete
Name: ORTEGA, MYRA I SEC
Address: 9190 BISCAYNE BLVD., SUITE 202
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: MR () Delete
Name: JENKINS, DAVID W TREAS
Address: 217 ESCONDIDO AVENUE, SUITE 7
City-St-Zip: VISTA, CA 92084 US

Title: MR () Delete
Name: AXEM II, LEROY VP
Address: 8903 SW 128TH STREET
City-St-Zip: MIAMI, FL 33176 US

Title: MR () Delete
Name: BURKE, JIMMY RAY DIR
Address: 1691 NW 189TH TERRACE
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS (X) Change () Addition
Name: ORTEGA, MYRA I SEC
Address: 2838 MADISON STREET #10
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINDA C DAWSON

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date