

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001352

FILED  
Mar 30, 2009  
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: 3050 NW 183RD STREET  
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: MS ( ) Delete  
Name: ORTEGA, MYRA I SEC  
Address: 701 SW 27TH AVENUE, SUITE 800  
City-St-Zip: MIAMI, FL 33135 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: COSME, STEVEN DIR  
Address: 12350 SW 285TH STREET  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: MR ( ) Delete  
Name: BURKE, JIMMY RAY VP  
Address: 3050 NW 183RD STREET  
City-St-Zip: MIAMI GARDENS, FL 33056 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: MS (X) Change ( ) Addition  
Name: VEGA, ALICIA DIR  
Address: 3050 NW 183RD STREET  
City-St-Zip: MIAMI GARDENS, FL 33056 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:

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 DAWSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/30/2009

\_\_\_\_\_  
Date