

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

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date