

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006987

FILED  
May 22, 2007  
Secretary of State

Entity Name: NORTH DADE ACADEMY, INC.

**Current Principal Place of Business:**

13850 NW 26TH AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

13850 NW 26TH AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 01-0817993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, CHERYL  
13850 NW 26TH AVE  
OPA LOCKA, FL 33054      US

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: V      ( ) Delete  
Name: ROSALES, LUIS  
Address: 13850 NW 26TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: S      ( ) Delete  
Name: ODOH, MCCHESTER  
Address: 13850 NW 26TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: T      ( ) Delete  
Name: OBIESIE, EMMANUEL  
Address: 13850 NW 26TH AVE  
City-St-Zip: OPA LOCKA, FL 33054

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

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: EMMANUEL OBIESIE

T

05/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date