

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010228 1. Entity Name LICEO ENLACE MIAMI CHARTER ACADEMY, INC.	
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Principal Place of Business P.O. BOX 971615 MIAMI, FL 33197-1615	Mailing Address P.O. BOX 971615 MIAMI, FL 33197-1615
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02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1871667	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent PUELLO-CAPONE, LUCY 20120 BEL AIRE DR, STE. 1400 MIAMI, FL 33189
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6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROIG, GUSTAVO DR. P.O. BOX 971615 MIAMI, FL 331971615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PUELLO-CAPONE, LUCY P.O. BOX 971615 MIAMI, FL 331971615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, JUDY DR. P.O. BOX 971615 MIAMI, FL 331971615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUANG SU, HUI F DR. P.O. BOX 971615 MIAMI, FL 331971615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELGADO, CARLOS 220 ALHAMBRA CIRCLE, 9TH FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAEGER, IVAN 1177 MARTIN LUTHER KING BLVD. MIAMI, FL 33150

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucy S. Puello-Capone* **2/28/06** **(305) 213-7123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #