

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010228

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: LICEO ENLACE MIAMI! CHARTER ACADEMY, INC.

## Current Principal Place of Business:

P.O. BOX 971615  
MIAMI, FL 331971615

## New Principal Place of Business:

20120 BEL AIRE DR.  
CUTLER BAY, FL 33189

## Current Mailing Address:

P.O. BOX 971615  
MIAMI, FL 331971615

## New Mailing Address:

FEI Number: 20-1871667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUELLO-CAPONE, LUCY  
20120 BEL AIRE DR, STE. 1400  
MIAMI, FL 33189 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: C ( ) Delete  
Name: ROIG, GUSTAVO DR.  
Address: P.O. BOX 971615  
City-St-Zip: MIAMI, FL 331971615

Title: VC ( ) Delete  
Name: PUELLO-CAPONE, LUCY  
Address: P.O. BOX 971615  
City-St-Zip: MIAMI, FL 331971615

Title: S ( ) Delete  
Name: STEIN, JUDY DR.  
Address: P.O. BOX 971615  
City-St-Zip: MIAMI, FL 331971615

Title: T ( ) Delete  
Name: HUANG SU, HUI F DR.  
Address: P.O. BOX 971615  
City-St-Zip: MIAMI, FL 331971615

Title: T ( ) Delete  
Name: DELGADO, CARLOS  
Address: 220 ALHAMBRA CIRCLE, 9TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete  
Name: YAEGER, IVAN  
Address: 1177 MARTIN LUTHER KING BLVD.  
City-St-Zip: MIAMI, FL 33150

## 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:

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: LUCY S. PUELLO-CAPONE

VP

04/11/2008

Electronic Signature of Signing Officer or Director

Date