2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N04000010228

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

Current Principal Place of Business:

20120 BEL AIRE DR.
CUTLER BAY, FL 33189

New Principal Place of Business:

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:

PUELLO-CAPONE, LUCY
20120 BEL AIRE DR,
MIAMI, FL 33189 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: _____ 04/11/2009
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 PUELLO-CAPONE VC 04/11/2009
Electronic Signature of Signing Officer or Director — Date