2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007145

City-St-Zip:

Entity Name: CARPE DIEM ACADEMIA, INC

FILED Jun 21, 2007 Secretary of State

Littly Nai	THE CARPE DIEW ACADEMIA, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
7151 SUNSET DRIVE MIAMI, FL 33143			15924 SW 92 AVE MIAMI, FL 33157	
Current Mailing Address:		New Maili	New Mailing Address:	
7151 SUN MIAMI, FL	SET DRIVE 33143	15924 SW MIAMI, FL		
	: 02-0759069 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not recei	Number Not App ve the prior notic		
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
MIAMI, FL The above	47 TERRACE 33155 US named entity submits this statement for the purpos	e of changing	its registered office or registered agent, or both,	
in the State	e of Florida.			
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete TORRES, LISSA 15924 SW 92 AVE. PALMETTO BAY, FL 33157	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete RAMOS, JEAYCES 15924 SW 92 AVE. PALMETTO BAY, FL 33157	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition RAMOS, JEANETTE 15924 SW 92 AVE. PALMETTO BAY, FL 33157	
Title: Name: Address: City-St-Zip:	STD () Delete NUNEZ, BLANCA R 15924 SW 92 AVE PALMETTO BAY, FL 33157	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition REID, LYDIA 15924 SW 92 AVE MIAMI, FL 33157	
Title: Name: Address:	() Delete	Title: Name: Address:	O () Change (X) Addition GONZALEZ, JESSICA 15924 SW 92 AVE	

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.

City-St-Zip: MIAMI, FL 33157

SIGNATURE: LISSA TORRES PD 06/21/2007