2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008
Secretary of State

DOCUMENT# N05000010961

Entity Name: SUNRISE SCHOOL OF MIAMI, INC.

Current Principal Place of Business:

8795 SW 112 STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

15307 SW 141ST STREET
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-3714165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG M. DORNE, P.A.
407 LINCOLN ROAD PENTHOUSE SOUTHEAST
MIAMI BEACH, FL 33139 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: D ( ) Delete
Name: PEREZ, DANAEE
Address: 8795 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete
Name: SAENZ, MARISELA
Address: 8795 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: PRES ( ) Delete
Name: RUSSELL, PATRICIA
Address: 8795 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: PELAEZ, ANNETTE
Address: 8795 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: DIEHL, DAWN
Address: 8795 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: RODRIGUES, DENNIS G
Address: 8795 SW 112 STREET
City-St-Zip: MIAMI, FL 33176

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: PATRICIA A. RUSSELL PRES 03/20/2008

Electronic Signature of Signing Officer or Director — Date