2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011504

FILED Apr 30, 2009 Secretary of State

Entity Name: SUNSET ELEMENTARY ENRICHMENT DRIVE, INC.

Current Principal Place of Business: New Principal Place of Business: 5120 S.W. 72 STREET MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 5120 S.W. 72 STREET MIAMI, FL 33143 FEI Number: 54-2187501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. SUITE 1500 (BPA) MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STEPHENS, JILL Name: Name: 159 EAST ENID DRIVE Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: () Delete Title: () Change () Addition SABATE, GABRIELA Name: Name: Address: 3966 PARK AVENUE Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: () Delete Title: S/D (X) Change () Addition STEARNS, JANET E HERNANDEZ, MARINA Name: Name: 5915 MAGGIORE STREET Address: Address: 6630 TARREGA ST City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 Title: T/D () Delete Title: () Change () Addition SANCHEZ DE VARONA, MARIA Name: Name: 8790 S. W. 54 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALONSO, BARBARA P BAGUE, IRELA M Name: Name: 7595 S. W. 53 PLACE 15 MADEIRA AVENUE, SUITE 6 Address: Address: MIAMI, FL 33143 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

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: MARIA SANCHEZ DE VARONA T 04/30/2009