


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N06000606840 1. Entity Name MASTERS PREPARATORY SCHOOL, INC. |  |
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|---|---|
| Principal Place of Business 3580 WEST 84TH STREET HIALEAH, FL 33018 | Mailing Address 3580 WEST 84TH STREET HIALEAH, FL 33018 |
|---|---|



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01212008 No Chg-NP CR2E037 (4/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 20-5832710 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TEJEDA, ALEXIS A
3580 WEST 84TH STREET
HIALEAH, FL 33018**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD TEJEDA, ALEXIS A 1625 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TEJEDA, MARISOL 410 S.W. 136TH AVENUE MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AMARANTE, AMAURY 410 S.W. 136TH AVENUE MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ-CARRION, AEELEN 655 NORTH SHORE DRIVE MIAMI BEACH, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, JENEISE 7420 S.W. 97TH AVENUE MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/31/08-80014-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

1/23/08

(305) 556 8116