## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N07000003735

TILED
Oct 13, 2008
Secretary of State

Entity Name: MEADOWLANE ELEMENTARY SCHOOL PTA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4280 WEST 8 AVENUE HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 4280 WEST 8 AVENUE HIALEAH, FL 33012 FEI Number: 59-0637851 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: VALDES, ADA 4280 WEST 8 AVENUE HIALEAH, FL 33012 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: () Delete () Change () Addition ZAYAS, MARTY Name: Name: 4280 WEST 8 AVENUE Address: Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: Title: () Delete Title: () Change () Addition HUNG, RAIMUNDO Name: Name: Address: 4280 WEST 8 AVENUE Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition AMADOR-SUAREZ, ZORAIDA Name: Name: 4280 WEST 8 AVENUE Address: Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: Title: TREA ( ) Delete Title: TREA (X) Change ( ) Addition Name: BALSEIRO, YALIXSA Name: CARRAL, KATHERINE 4280 WEST 8 AVENUE Address: 4280 WEST 8 AVENUE Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: HIALEAH, FL 33012 US Title: SEC () Delete Title: () Change () Addition FISCHER, DEBRA Name: Name: 4280 WEST 8 AVENUE Address: Address: City-St-Zip: HIALEAH, FL 33012 US City-St-Zip: Title: () Delete Title: () Change () Addition HART KEVIN P DR Name: Name: Address: 4280 WEST 8 AVENUE Address: HIALEAH, FL 33012 US City-St-Zip: 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: MARTY ZAYAS PRES 10/13/2008