

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006357

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: AMBASSADORS SCHOOLS INC.

## Current Principal Place of Business:

11807 NW 9TH ST.  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

## Current Mailing Address:

11807 NW 9TH ST.  
CORAL SPRINGS, FL 33071

## New Mailing Address:

FEI Number: 26-0563074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDEZ, GABRIELA A  
11807 NW 9TH ST.  
CORAL SPRINGS, FL 33071 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: PD ( ) Delete  
Name: MENDEZ, ALEXANDER R  
Address: 11807 NW 9TH ST.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD ( ) Delete  
Name: ESCALANTE, CEIDY  
Address: 62 KINFIELD ST.  
City-St-Zip: PROVIDENCE, RI 02909

Title: T ( ) Delete  
Name: ZELADA, MERCEDES  
Address: 29 ROGER WILLIAMS GREEN  
City-St-Zip: PROVIDENCE, RI 02904

Title: S ( ) Delete  
Name: MERCEDES, PRISCILLA  
Address: 7325 NW 24TH ST.  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: RODRIGUEZ, AMARILIS  
Address: 383 BLACKSTONE ST.  
City-St-Zip: PROVIDENCE, RI 02907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ZELADA, MERCEDES  
Address: 63 WILLIAMS ELLERY PL  
City-St-Zip: PROVIDENCE, RI 02904

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: ALEXANDER R. MENDEZ

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date