

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010066

FILED
Jan 04, 2008
Secretary of State

Entity Name: ACADEMY OF LATIN ARTS AND SCIENCE, INC

Current Principal Place of Business:

4025 CATTLEMEN RD
#136
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4025 CATTLEMEN RD
#136
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 26-1502533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALAS, LYDIA
6682 MAUNA LOA BLVD
SARASOTA, FL 34241 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: P () Delete
Name: ALAS, YOVANY
Address: 4025 CATTLEMEN RD
City-St-Zip: SARASOTA, FL 34233

Title: VP () Delete
Name: ALAS, CHRIS
Address: 4025 CATTLEMEN RD
City-St-Zip: SARASOTA, FL 34233

Title: TS () Delete
Name: ALAS, LYDIA
Address: 4025 CATTLEMEN RD
City-St-Zip: SARASOTA, FL 34233

Title: O () Delete
Name: RUBI, LYDIA
Address: 1576 8 ST
City-St-Zip: SARASOTA, FL 34236

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: O (X) Change () Addition
Name: BEHRENS, KEVIN
Address: 4501 MANATEE AVE WEST SUITE 308
City-St-Zip: BRADENTON, FL 34209

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: YOVANY ALAS

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date