2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N07000010066

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 ( )**

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:	VP	( ) Delete
Name:	BEHRENS, KEVIN	
Address:	4501 MANATEE AVE WEST SUITE 308	
City-St-Zip:	BRADENTON, FL 34209	
Title:	D	( ) Delete
Name:	RODRIGUEZ, IPOLITO	
Address:	4065 PALAU DR	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	SAVANY, VERA	
Address:	8821 MANOR LOOP #205	
City-St-Zip:	BRADENTON, FL 34202	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: YOVANY ALAS P 04/23/2009

Electronic Signature of Signing Officer or Director — Date