2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009126

FILED Apr 22, 2009 Secretary of State

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: GOREN, CHEROF DOODY & EZROL, P.A. 3099 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE, FL 33308 **New Mailing Address: Current Mailing Address:** GOREN, CHEROF DOODY & EZROL, P.A. 3099 EAST COMMERCIAL BLVD. #200 FORT LAUDERDALE, FL 33308 FEI Number: 26-4274479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLAHR, JULIE F 3099 EÁST COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308 US 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 LANDY, LISA Name: Name: 1 SOUTHEAST 3RD AVENUE, 25TH FLOOR Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ALI, IMRAN Name: Name: Address: 9032 TIFFANY DRIVE Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: (X) Change () Addition BALDWIN, GILDA LYNCH, ANTOINETTE Name: Name: 2500 SOUTHWEST 75TH STREET 11200 SOUTHWEST 8TH STREET, RB 240A Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33199 Title: () Delete Title: () Change () Addition BUTCHEY, DEANNE Name: Name: 11200 SOUTHWEST 8TH STREET Address: Address: City-St-Zip: MIAMI, FL 33199 City-St-Zip: Title: (X) Delete Title: () Change () Addition LYNCH, ANTOINETTE Name: Name: 11200 SOUTHWEST 8TH STREET, RB 240A Address: Address: City-St-Zip: MIAMI, FL 33199 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: LISA LANDY CD 04/22/2009