

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011087

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: PROFESSIONAL ACADEMY OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

21514 SW 90TH AVE  
MIAMI, FL 33189

## New Principal Place of Business:

21514 SW 90TH AVE  
MIAMI, FL 33189 US

## Current Mailing Address:

21514 SW 90TH AVE  
MIAMI, FL 33189

## New Mailing Address:

21514 SW 90TH AVE  
MIAMI, FL 33189 US

FEI Number: 26-3908477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROSS, GODFREY O  
21514 SW 90TH AVE  
MIAMI, FL 33189 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: D ( ) Delete  
Name: CROSS, GODFREY O  
Address: 21514 SW 90TH AVE  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: SINCLAIR, DAVID C  
Address: 416 E 31ST STREET  
City-St-Zip: BROOKLYN, NY 11226

Title: D ( ) Delete  
Name: LAWRENCE, CLAIRE H  
Address: 76 LOUIS STREET APT 4R  
City-St-Zip: NEW BRUNSWICK, NJ 08901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: CROSS, GODFREY O  
Address: 21514 SW 90TH AVE  
City-St-Zip: MIAMI, FL 33189 US

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: GODFREY CROSS

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date