


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N10729
 1. Entity Name
TERESIAN INSTITUTE OF FLORIDA, INC.



Principal Place of Business Mailing Address
3400 SOUTHWEST 99TH AVENUE **3400 SOUTHWEST 99TH AVENUE**
MIAMI, FL 33165 **MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE



05042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
58-1793169 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GRACIAN, DOLORES
425 NE 29 STREET
WILTON MANORS, FL 33334

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT GRACIAN, DOLORES 425 NE 29 STREET WILTON MANORS, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CAMERON, REGINA 6620 GREEN ST HOLLYWOOD, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RACHEL, PORTELL 9650 SW 81ST LN MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CHAMORRO, CARMEN M 3659 SW 99 AVE. MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000564551
 05/20/06-80079-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dolores Gracian* May 1, 2006 305-554-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

05954-564-2102