


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**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**



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 58-1793169      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 re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

U00000726146  
 05/03/07-80043-023 61.25

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	

**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:** *Gracian*      April 17, 2007      305-554-0035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #