

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10729

FILED
Apr 20, 2009
Secretary of State

Entity Name: TERESIAN INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

3400 SOUTHWEST 99TH AVENUE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

3400 SOUTHWEST 99TH AVENUE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 58-1793169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRACIAN, DOLORES
6600 NE 22ND WAY
APT # 2332
FORT LAUDERDALE, FL 33308 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: DT () Delete
Name: GRACIAN, DOLORES
Address: 6600 NE 22ND WAY, #2332
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: DV () Delete
Name: CAMERON, REGINA
Address: 6620 GREEN ST
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: DS () Delete
Name: RACHEL, PORTELL
Address: 9650 SW 81ST LN
City-St-Zip: MIAMI, FL 33173 US

Title: DP () Delete
Name: CHAMORRO, CARMEN M
Address: 3400 SW 99TH AVENUE.
City-St-Zip: MIAMI, FL 33165

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:

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: DOLORES GRACIAN

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date