

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011314

FILED  
May 07, 2012  
Secretary of State

**Entity Name:** S.T.A.R.S. SCHOOL FOR AUTISM, INC.

**Current Principal Place of Business:**

11885 SW 19TH TERR #59  
MIAMI, FL 33175

**New Principal Place of Business:**

8103 SW 24 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

11885 SW 19TH TERR #59  
MIAMI, FL 33175

**New Mailing Address:**

8103 SW 24 STREET  
MIAMI, FL 33155

**FEI Number:** 45-4007563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NUNEZ, EGLEEVELYN  
11885 SW 19TH TERR #59  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

NUNEZ, EGLEEVELYN  
8103 SW 24 STREET  
MIAMI, FL 33155 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: EGLEEVELYN NUNEZ

05/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NUNEZ, EGLEEVELYN  
Address: 8103 SW 24 STREET  
City-St-Zip: MIAMI, FL 33155

Title: VP  
Name: POL, ANA  
Address: 8920 NW 147 TERR  
City-St-Zip: MIAMI LAKES, FL 33018

Title: S  
Name: DELGADO, NORLAN  
Address: 14937 SW 159 CT  
City-St-Zip: MIAMI, FL 33196

Title: T  
Name: MACHADO-VAZQUEZ, DAISY P  
Address: 14901 SW 22ND ST  
City-St-Zip: MIAMI, FL 33185

I hereby 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 all other like empowered.

SIGNATURE: EGLEEVELYN NUNEZ

P

05/07/2012

Electronic Signature of Signing Officer or Director

Date