

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41783

FILED  
Jul 11, 2006  
Secretary of State

**Entity Name:** LA SCALA EDUCATIONAL ORGANIZATION, INC.

**Current Principal Place of Business:**

499 E 21 ST  
HIALEAH, FL 33013 US

**New Principal Place of Business:**

**Current Mailing Address:**

499 E 21 ST  
HIALEAH, FL 33013 US

**New Mailing Address:**

**FEI Number:** 65-0267457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CAMEJO, GILDA  
1330 N. ROYAL POINCIANA BLVD.  
MIAMI SPRINGS, FL 33166 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CAMEJO, GILDA  
Address: 1330 N. ROYAL POINCIANA BLVD.  
City-St-Zip: MIAMI SPRINGS, FL 33160

Title: TD ( ) Delete  
Name: PERLA, ARIAS  
Address: 2010 W. 8TH AVE.  
City-St-Zip: HIALEAH, FL 33010

Title: VD ( ) Delete  
Name: DIAZ, CONCEPCION  
Address: 221 EAST 38 ST.  
City-St-Zip: HIALEAH, FL 33013

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GILDA CAMEJO

PSD

07/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date