

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001488

FILED
Apr 30, 2008
Secretary of State

Entity Name: PARENT-TEACHER ORGANIZATION OF HIGHPOINT ACADEMY, INC.

Current Principal Place of Business:

12101 S.W. 34TH STREET
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12101 S.W. 34TH STREET
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0653712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNEZ GEORGINA
12101 SW 34TH STREET
MIAMI, FL 33175 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: PACE, NELY
Address: 6957 SW 128 CT.
City-St-Zip: MIAMI, FL 33183

Title: DVP () Delete
Name: MINOSO, REBECA
Address: 12270 S.W. 92 ST.
City-St-Zip: MIAMI, FL 33186

Title: DVP () Delete
Name: RIVERO, ANA
Address: 14330 GLENCAIRN RD.
City-St-Zip: MIAMI LAKES, FL 33016

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 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: GEORGINA NUNEZ

AGEN

04/30/2008

Electronic Signature of Signing Officer or Director

Date