


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90175 033 ****61.25

DOCUMENT # N94000004771					
1. Entity Name THE BLUE LAKES ELEMENTARY WORLD CENTER BOOSTER CLUB, INC.					
Principal Place of Business 9250 SW 52ND TERRACE MIAMI, FL 33165 ✓			Mailing Address 9250 SW 52ND TERRACE MIAMI, FL 33165 ✓		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0524454				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRARO, ROXANA 9250 SW 52 TERR. MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Roxana Ferraro</i></u> DATE <u>1/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election, Campaign Financing, Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIMA, ROXANA <input type="checkbox"/> Delete 9250 SW 52 TERRACE MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFOL, ALI <input checked="" type="checkbox"/> Delete 9250 SW 52ND TERRACE MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, NORMA <input type="checkbox"/> Delete 9250 SW 52 TERR MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SALAS, MAGGIE <input type="checkbox"/> Delete 9250 SW 52ND TERRACE MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRARO, ROXANA <input type="checkbox"/> Delete 9250 SW 52ND TERRACE MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Roxana Ferraro</i></u> <u>1/11/05</u> <u>305-274-7411</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					