

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001836

FILED
Jan 13, 2009
Secretary of State

Entity Name: THE ASSOCIATION OF PRIVATE COLLEGES & SCHOOLS OF SOUTH FLORIDA INC.

Current Principal Place of Business:

8991 SW 107 AVENUE
#200
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8991 SW 107 AVENUE
#200
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0673162 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LLERENA, FERNANDO N
8991 SW 107 AVE. #200
MIAMI, FL 33176 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: DV () Delete
Name: REGEIRO, MARIAC
Address: 7162 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

Title: DP () Delete
Name: LLERENA, FERNANDON
Address: 8991 SW 107 AVE 200
City-St-Zip: MIAMI, FL 33176

Title: DT () Delete
Name: LLERENA, LUIS E
Address: 8230 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LLERENA, LUIS E
Address: 19151 S DIXIE HWY # 3
City-St-Zip: CUTLER BAY, FL 33157

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: LLERENA, FERNANDO N

DP

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date