

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001836

**FILED**  
**Feb 21, 2012**  
**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  
Name: REGEIRO, MARIAC  
Address: 7162 W 12 AVE  
City-St-Zip: HIALEAH, FL 33012

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

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

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: FERNANDO N LLERENA

DP

02/21/2012

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

\_\_\_\_\_  
Date