2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N96000002227

Entity Name: PARENT/TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

18001 NW 22ND AVE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

18001 NW 22ND AVE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-0783745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JONES, CURTIS L JR
2800 BISCAYNE BLVD
NINTH FLOOR
HIALEAH, FL 33015 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: PD ( ) Delete
Name: LISS, ARTHUR
Address: 2981 SW 155 LANE
City-St-Zip: DAVIE, FL 33331

Title: SD ( ) Delete
Name: HYMAN, SUSAN
Address: 605 NW 103RD AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: SMALLS-JONES, TAMMY D
Address: 1450 NW 180 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete
Name: JONES, CHERYL C
Address: 18811 NW 77TH COURT
City-St-Zip: MIAMI, FL 33015

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:

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 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 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: SUSAN LW HYMAN SD 06/30/2005
Electronic Signature of Signing Officer or Director — Date