

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 014 ****70.00

DOCUMENT # N97000002553

1. Entity Name
SOMERSET ACADEMY, INC.



Principal Place of Business
**12425 SW 53RD STREET
MIRAMAR, FL 33027**

Mailing Address
**6255 BIRD ROAD
MIAMI, FL 33155**

40017607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0770346

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZULUETA, IGNACIO
6255 BIRD RD.
MIAMI, FL 33155**

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: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZULUETA, FERNANDO	
STREET ADDRESS	6255 BIRD RD.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	<input checked="" type="checkbox"/> PRESIDENT	<input type="checkbox"/> Delete
NAME	JACOBY, RUTH ED.D	
STREET ADDRESS	9866 NW 19TH ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	FRESEN, MAGDALENA	
STREET ADDRESS	1412 EL RADO ST	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUI FANG SO, ANGIE ED.D.	
STREET ADDRESS	2150 ARECA PALM RD.	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, LAGARIE	
STREET ADDRESS	6255 BIRD RD 9821 SW 16 STREET	
CITY-ST-ZIP	MIAMI, FL 33155 PEMBROKE PINES, FL 33025	
TITLE	VP	<input checked="" type="checkbox"/> Delete ADD
NAME	SHANNIE, SADESKY	
STREET ADDRESS	20801 JOHNSON STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSIE DOPICO	
STREET ADDRESS	14301 SW 42 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEJANDRA SALIMA JACOVNET	
STREET ADDRESS	4475 NAUTILUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARDO MONTERO	
STREET ADDRESS	14982 SW 69 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33193	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY TAIBI	
STREET ADDRESS	1050 SW 177 WAY	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINA MILLER	
STREET ADDRESS	1343 CAMELLIA CIRCLE	
CITY-ST-ZIP	WESTON, FLORIDA 33326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY MALLON	
STREET ADDRESS	6255 BIRD ROAD	
CITY-ST-ZIP	MIAMI, FLORIDA 33155	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____

Kmallon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date Daytime Phone #