


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 DEC -6 PM 1:05
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002553 1. Entity Name SOMERSET ACADEMY, INC.					
Principal Place of Business 20801 JOHNSON STREET PEMBROKE PINES, FL 33029			Mailing Address 6255 BIRD ROAD MIAMI, FL 33155		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE, STE 4 WESTON, FL 33331				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BARROSO, VICTOR 1228 WEST AVENUE #1405 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, LAGARIE 9821 SW 16TH STREET PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000082324310 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SU, HUI FANG HUANG 4475 NAUTILUS DRIVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILARTE, KIM 7700 NW 98TH STREET HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, CYNTHIA 2755 CR 5710 DEVINE, TX 78016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRAZA, GEORGE 220 W. MULBERRY AVE SAN ANTONIO, TX 78212 <input checked="" type="checkbox"/> Delete		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 exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 11/21/06 Daytime Phone: (305) 669-2906		

N47000002553

SOMERSET ACADEMY, INC.

2006 - 2007

Board of Directors & Officers

Victor Barroso, Director/Chair/President (D/C/P)
1228 West Avenue #1405
Miami Beach, FL 33139
(305) 345-5289 (cellular)
Victorb99@gmail.com

Meryl Romeu, Director / Vice-Chair / Secretary (D/S)

16486 SW 20 Street
Miramar, FL 33027
(954) 347-3301 (cellular)
romeufam@bellsouth.net

****Elected as Secretary on 9/14/06**

Angie Hui Fang Su, Director (D)

2150 Areca Palm Road
Boca Raton, FL 33432
(954) 262-8500
Huifangt@aol.com

Alejandra Salima Jacquinet, Director (D)

4475 Nautilus Drive
Miami Beach, Florida 33140
(786) 489-0421
dilcras@aol.com

Kim Guilarte, Director (D)

7700 NW 98th Street
Hialeah Gardens, FL 33016
(305) 698-9900
gkimm@yahoo.com

Cynthia Hanson, Director (D)

2755 CR 5710
Devine, TX 78016
(210) 845-3737
cyndy.hanson@brookscity-base.com

Carlos Resendez, Director (D)

4835 E. Beverly Mae Drive
San Antonio, TX 78229
210-732-8600
210-615-6749 Fax
carlos@resendezgroup.com

Louis Marin, Director (D)

9315 Chattanooga Drive
San Antonio, TX 78240
Home (210) 690-9510
Work (210) 554-3583

****Elected as Director on 11/16/06**

***Bernardo Montero, Vice-President / Treasurer (VP/T)**

14982 SW 69th Street
Miami, Florida 33193
(954) 442-0233
berntero@yahoo.com

ADD (TREASURER)

***Shannie Sadesky, Vice-President (VP)**

506 SW 19th Street
Ft. Lauderdale, Florida 33315
(954) 442-0233
ssadesky@yahoo.com

***Anthony Taibi, Vice-President (VP)**

1080 SW 177th Way
Miramar, Florida 33029
(954) 437-5920
ataibi@somersetacademy.com

***Suzette Ruiz, Vice-President (VP)**

18491 SW 134th Avenue
Miami, FL 33177
(305) 969-60774
sruiz0520@dadeschools.net

***David Calvo, Vice-President (VP)**

20801 Johnson Street
Pembroke Pines, Florida 33029
dcalvo@somersetacademy.com

ADD

Resignations during this fiscal year include:

****George Pedraza, Director**

Resigned 11/16/06

****Rufus Samkin, Vice-President**

Resigned 11/16/06

****Suzette Ruiz, Secretary**

Resigned 9/14/06

***No Voting Privileges / Corporate Officer Only**

Abbreviations for Corporation Annual Report

D- Director
P- President
C- Chair
V- Vice President
T- Treasurer
S- Secretary

Ana Martinez (Delete)

Kelly Mallon (Delete)



CORPORATION SERVICE COMPANY

RECEIVED

06 DEC -6 PM 1:04

ACCOUNT NO. : 072100000032

REFERENCE : 644423

131879A

AUTHORIZATION :

COST LIMIT : \$ 61.25

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : December 6, 2006

ORDER TIME : 11:40 AM

ORDER NO. : 644423-005

CUSTOMER NO: 131879A

ANNUAL REPORT FILING

NAME: SOMERSET ACADEMY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____