2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005271

FILED Jul 18, 2007 Secretary of State

Entity Name: VILLAGE PINES SCHOOL PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business: 15000 S.W. 92ND AVE. MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** 15000 S.W. 92ND AVE. MIAMI, FL 33176 FEI Number: 65-0792477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: BARLOW, BENJAMIN ALMAGUER, ANGEL 15000 SOUTHWEST 92ND AVENUE 15000 SOUTHWEST 92ND AVENUE MIAMI, FL 33157 US MIAMI, FL 33176 US 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: ANGEL ALMAGUER 07/18/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BARLOW, BENJAMIN ALMAGUER, ANGEL Name: Name: 15000 S.W. 92ND AVE. Address: 15000 S.W. 92ND AVE. Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: Title: () Delete () Change () Addition Name: FRAZIER, LUCILLE Name: Address: 15000 S.W. 92ND AVE. Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: () Delete Title: (X) Change () Addition JACKSON, SHELLEY Name: FUENTES, MEGAN Name: 15000 SOUTHWEST 92ND AVENUE 15000 SOUTHWEST 92ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change (X) Addition Name: Name: KAUFMAN, KEVIN 15000 SOUTHWEST 92ND AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change (X) Addition LAMMIE, SHUSHANA Name: Name: 15000 SOUTHWEST 92ND AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change (X) Addition HERNANDEZ, MAYRA Name: Name: Address: Address: 15000 SOUTHWEST 92ND AVENUE MIAMI, FL 33176 City-St-Zip: City-St-Zip:

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: ANGEL ALMAGUER P 07/18/2007