


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90130 012 \*\*\*\*61.25

DOCUMENT # N98000003002 1. Entity Name FLORIDA INTERNATIONAL ACADEMY, INC.	
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Principal Place of Business 7630 BISCAYNE BLVD MIAMI, FL 33138 US	Mailing Address 1982 LEWIS TURNER BLVD SUITE D FORT WALTON BEACH, FL 32547 US
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**DO NOT WRITE IN THIS SPACE**

04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0839367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MITCHELL, SONIA  
7630 BISCAYNE BLVD  
MIAMI, FL 33138

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, RUSSELL 2015 N.E. 120TH ROAD NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, ANTHONY 16800 NW 2ND AVENUE STE 510 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, DONNIE L 839 SW 8TH STREET HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIUS, WICKER 10085 NW 7TH COURT MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, JACQUELINE 498 N.W. 165TH ST ROAD #406 NORTH MIAMI BEACH, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVINIERE, RODERICK P 310 N.E. 152ND STREET MIAMI, FL 33162

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IN THIS SPACE**

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: Anthony J. Hall, Ch. Sec. of Gov. Date: 4/22/08 (305) 652-7364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR