

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003002

FILED
Apr 06, 2009
Secretary of State

Entity Name: FLORIDA INTERNATIONAL ACADEMY, INC.

Current Principal Place of Business:

7630 BISCAYNE BLVD
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

1982 LEWIS TURNER BLVD
SUITE D
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 65-0839367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, SONIA
7630 BISCAYNE BLVD
MIAMI, FL 33138 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: D () Delete
Name: ANDREWS, RUSSELL
Address: 2015 N.E. 120TH ROAD
City-St-Zip: NORTH MIAMI, FL 33181

Title: PD () Delete
Name: HALL, ANTHONY
Address: 16800 NW 2ND AVENUE STE 510
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: ALEXANDER, DONNIE L
Address: 839 SW 8TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Delete
Name: LUCIUS, WICKER
Address: 10085 NW 7TH COURT
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: SILVA, JACQUELINE
Address: 498 N.W. 165TH ST ROAD #406
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: D () Delete
Name: LAVINIERE, RODERICK P
Address: 310 N.E. 152ND STREET
City-St-Zip: MIAMI, FL 33162

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:

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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 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: ANTHONY HALL

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date