2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED May 05, 2005 8:00 am Secretary of State 05-05-2005 90086 019 ****70.00

DOCUMENT # N98000003594 1. Entity Name MIAMI-DADE RESIDENT COLLEGE, INC.							1	05-05-2005	90086 0	19 ****7	0.00	
Principal Place of Business Mailing Address 7217 N.E. MIAMI COURT P.O. BOX 6912 NEWBURG BUILDING MIAMI, FL 33101 MIAMI, FL 33138							1 100 107 107 100 100 100 100 100 100 100 100	- ul kun dan can sa		(1)301 0341 2 30311 03	ATIJĒT BIJ ISTŪJ	
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				05022005	Chg-NP	CR2E0	37 (10/03)		
City & State	ė		City & State				4. FEI Number 65-08451	30			oplied For ot Applicable	
Zip		Country	Zip Co.		untry	5. Certificate of Status Desired S. \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
DAVIS, PHILLIP						Name Joan Headley Street Address (P.O. Box Number is Not Acceptable)						
C/O MIAMI-DADE RESIDENT COLLEGE, INC. MIAMI, FL 33138					C/Q M	Miami-Dade Resident College, Inc.						
1011/-(1911), 1 &		Cibe	7 N.E. Miami Court Miami FL 33738									
The above named entity submits this statement for the purpose of changing its registered of the purpose of the purp								in the State of Fl				
the obligations of registered agent.												
SIGNATURE April 26, 2009												
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State												
10.		OFFICERS AND DI	RECTORS	11.		Α	ADDITIONS/CHAN	GES TO OFFICE	RS AND D	RECTORS IN	N 10	
TITLE NAME	D/P FORCHIO	N CHY	☐ Delete	TITE.						☐ Change	☐ Addition	
STREET ADDRESS		101 STREET		EET ADDRESS								
CITY-ST-ZIP	MIAMI, FI	33150		CITY	-ST-ZIP							
TITLE NAME	D/S MICHEL,	DAMEI A	☐ Delete	TITL						☐ Change	☐ Addition	
STREET ADDRESS		. 57 STREET		- 6	EET ADORESS							
CITY-ST-ZIP	MIAMI, FI	L 33142	CITY	-ST-ZIP								
TITLE NAME	D/T Delete MULLINS, BETTY				E I					☐ Change	☐ Addition	
STREET ADDRESS		W. 128 AVENUE		NAME STREE								
CITY-ST-ZIP	·	A, FL 33032		CITY	-ST-ZIP							
TITLE NAME	D HAYNES	HERSCHEI	☐ Delete	TITL NAM	1					Change	☐ Addition	
STREET ADDRESS	·				EET ADDRESS							
CITY-ST-ZIP	MIAMI, FI	_ 33142		CITY	-ST-ZIP							
TITLE	CEO	LIII) IB	₹ Delete	TITL	_ C.	ΕO				🔼 Change	Addition	
NAME STREET ADORESS	DAVIS, PHILLIP P.O. BOX 4254 STR				· III.	EAI	DLEY, JO . BOX 69	AN				
CITY-ST-ZIP	MIAMI, FI	L 33101		cm		iAi						
TITLE			☐ Delete	π	-					Change	Addition	
NAME STREET ADDRESS				NAM Stri	EET ADDRESS							
CITY-ST-ZIP				CITY	/-ST-ZIP							
12. I hereby indicated	certify that th I on this repo	e information supplied wit rt or supplemental report i	n this filing does not qualify fo s true and accurate and that i	r the exe my signa	emption stated ture shall have	in Sec e the s	ction 119.07(3)(i), same legal effect a	Florida Statutes. is if made under	I further ce oath; that I	rtify that the i	nformation r or director	
indicated on this report or suppermental report is true and accurate and mat my signature shall have the same legal effect as it made under oath; that if an another 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 grippowered.												
changed, or on an attachment with an address, with all other like grippowered.												

, CEO, 305-756-2834

R OR DIRECTOR

April 26,2005

Daytime Phone #