


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

193

FILED

04 SEP -9 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004262		
1. Entity Name MATER ACADEMY, INC.		

Principal Place of Business 7700 NW 98TH ST HIALEAH GARDENS, FL 33016	Mailing Address 6255 BIRD RD MIAMI, FL 33155
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09012004 Chg-NP		CR2E037 (10/03)	
4. FEI Number 65-0857507		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	
ZULUETA, IGNACIO G ESQ 6255 BIRD ROAD MIAMI, FL 33155	

7. Name and Address of New Registered Agent	
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	900040939119
Signature, typed or printed name of registered agent and title if applicable.	DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, GRETA	NAME	
STREET ADDRESS	8255 BIRD ROAD	STREET ADDRESS	8110 NW 156th Terrace
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASDESKY, SHANNIE	NAME	Sadesky, SShannie
STREET ADDRESS	20801 JOHNSON ST.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFERDMENGES, HENRY	NAME	
STREET ADDRESS	310 W. DILIDRO DRIVE	STREET ADDRESS	6255 Bird Road
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	Miami, FL 33155
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZULUETA, FERNANDO J	NAME	P /C
STREET ADDRESS	6255 BIRD ROAD	STREET ADDRESS	Concepcion, David
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	1656 SW 136th Place
TITLE	SV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRESN, MAGDALENA	NAME	VP
STREET ADDRESS	6255 BIRD ROAD	STREET ADDRESS	Marty, Judith
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	7901 NW 103rd Street
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP
STREET ADDRESS		STREET ADDRESS	Riera, Beatriz
CITY-ST-ZIP		CITY-ST-ZIP	450 SW 4th Street
			Miami, FL 33131

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE:		9/8/04	(305) 669-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2073

Additional Officers and Directors:

Title: VP
Name: Larrauri, Victoria
Street Address: 7700 NW 98th Street
City-St-Zip: Hialeah Gardens, FL 33016

Title: Secretary
Name: Linaje, Kelly Mallon
Street Address: 6255 Bird Road
City-St-Zip: Miami, FL 33155

Title: Treasurer
Name: Martinez, Ana
Street Address: 6255 Bird Road
City-St-Zip: Miami, FL 33155

Title: Director
Name: Roca, Antonio
Street Address: 6255 Bird Road
City-St-Zip: Miami, FL 33155

Title: Director
Name: Jacoby, Ruth
Street Address: 12424 SW 53rd Street
City-St-Zip: Miramar, FL 33027



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 870034 131879A

AUTHORIZATION :

COST LIMIT : \$ 61.25

Patricia Pizote

ORDER DATE : August 31, 2004

ORDER TIME : 3:20 PM

ORDER NO. : 870034-005

CUSTOMER NO: 131879A

CUSTOMER: Ms. Annette Frances
Ignacio G. Zulueta, P.a.
Suite 3-i
6255 Bird Road
Miami, FL 33155

ANNUAL REPORT FILING

NAME: MATER ACADEMY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire-EXT#2909

EXAMINER'S INITIALS: _____

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04 SEP - 9 PM 4: 08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA