
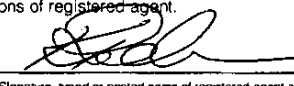
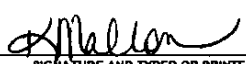


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90232 035 \*\*\*\*70.00

<b>DOCUMENT # N98000004262</b> 1. Entity Name <b>MATER ACADEMY, INC.</b>					
Principal Place of Business 7700 NW 98TH ST HIALEAH GARDENS, FL 33016				Mailing Address 6255 BIRD RD MIAMI, FL 33155	
2. Principal Place of Business 7901 NW 103 Street		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah Gardens, FL		City & State			
Zip 33016		Country U.S.A		Zip	
Country		4. FEI Number <b>65-0857507</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ZULUETA, IGNACIO G ESQ</b> <b>6255 BIRD ROAD</b> <b>MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>NRAI Services, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>2731 Executive Park Drive, Suite 4</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33331</b>	
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  <span style="float: right;">4/7/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>KAREN REDMAN, TREASURER</b>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, GRETA 8110 NW 156TH TERRACE MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Concepcion, David 1530 NW 28th Avenue Miami, FL 33125
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADESKY, SHANNIE 20801 JOHNSON ST. PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roca, Antonio 3301 NE 5th Avenue Miami, FL 33137
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFERDMENGES, HENRY 6255 BIRD ROAD MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacoby, Ruth 9866 NW 19th Street Coral Springs, FL 33071
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CONCEPCION, DAVID 1656 SW 136TH PLACE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sadesky, Shannie 506 SW 19th Street Ft. Lauderdale, FL 33315
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTY, JUDITH 7901 NW 103RD STREET HIALEAH GARDENS, FL 33016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Santos, Greta 8110 NW 156th Terrace Miami Lakes, FL 33016
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIERA, BEATRIZ 450 SW 4TH STREET MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Marty, Judith 7901 NW 103rd Street Hialeah Gardens, FL 33016
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <span style="float: right;">4-6-06 305-669-2906</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

57016890  
# 179 8000004262

2 of 2

## 2006 Not-For-Profit Corporation Annual Report

(cont.)

**Mater Academy, Inc.**

### Officers and Directors

- |                |                                 |
|----------------|---------------------------------|
| 7.             |                                 |
| Title          | V                               |
| Name           | Riera, Beatriz                  |
| Street Address | 450 SW 4 <sup>th</sup> Street   |
| City-St-Zip    | Miami, FL 33130                 |
| 8.             |                                 |
| Title          | V                               |
| Name           | Guilarte, Kim                   |
| Street Address | 7700 NW 98 <sup>th</sup> Street |
| City-St-Zip    | Hialeah Gardens, FL 33016       |
| 9.             |                                 |
| Title          | S                               |
| Name           | Mallon Linaje, Kelly            |
| Street Address | 6255 Bird Road                  |
| City-St-Zip    | Miami, FL 33155                 |
| 10.            |                                 |
| Title          | T                               |
| Name           | Martinez, Ana                   |
| Street Address | 6255 Bird Road                  |
| City-St-Zip    | Miami, FL 33155                 |