

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11212006 Chg-NP CR2E037 (4/06)

<b>DOCUMENT # N98000004262</b> 1. Entity Name <b>MATER ACADEMY, INC.</b>					
Principal Place of Business <b>7901 NW 103RD ST HIALEAH GARDENS, FL 33016</b>			Mailing Address <b>6255 BIRD RD MIAMI, FL 33155</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>65-0857507</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. N 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP CONCEPCION, DAVID 1530 NW 28TH AVE MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, ANTONIO 3301 NE 5TH AVE MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBY, RUTH 9866 NW 19TH ST CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADESKY, SHANNIE 506 SW 19TH ST FORT LAUDERDALE, FL 33315 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTY, JUDITH 7901 NW 103RD ST HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>				<b>11/27/06 (305) 859 6050</b> <small>Date Daytime Phone #</small>	

#N98000004262

MATER ACADEMY, INC.  
2006 – 2007

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Board of Directors & Officers

**Antonio Roca, Director/Chair/President (D/C/P)**  
2601 South Bayshore Drive; Suite 600  
Miami, Florida 33133  
(305) 860-7156 Office  
aroca@rgattorneys.com

ADD

**David Concepcion, Director/Secretary (D/S)**  
1530 NW 28th Avenue  
Miami, Florida 33125  
(786) 258 0773  
distoffice2003@yahoo.com

ADD

**Ruth Jacoby, Director (D)**  
9866 NW 19th Street  
Coral Springs, FL 33071  
(305) 796-5714  
Jacobyru@aol.com

**Shannie Sadesky, Director/Treasurer (D/T)**  
506 SW 19th Street  
Ft. Lauderdale, Florida 33315  
(954) 444-7538  
ssadesky@yahoo.com

**\*Judith Marty, Vice-President (VP)**  
7901 NW 103rd Street  
Hialeah Gardens, Florida 33016  
(305) 828-1886

**\*Beatriz Riera, Vice-President (VP)**  
450 SW 4th Street  
Miami, Florida 33130  
(305) 324-4667

**\*Kim Guilarte, Vice-President (VP)**  
7700 NW 98th Street  
Hialeah Gardens, Florida 33016  
(305) 698-9900

**\*Lourdes Marrero, Vice-President (VP)**  
9010 NW 178th Lane  
Hialeah, Florida 33018

ADD

**\*Rene Roviroso, Vice-President (VP)**  
5875 NW 163rd Street  
Miami Lakes, FL 33014

ADD

Resignations during this fiscal year include:

**Greta Santos, Director**  
8110 NW 156th Terrace  
Miami Lakes, Florida 33016  
(786) 200-5400  
(305) 558-2320  
**\*Resigned 9/27/06**

**\*No Voting Privileges / Corporate Officer Only**

Abbreviations for Corporation Annual Report D- Director P- President C- Chair V- Vice President T- Treasurer S- Secretary
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Kelly Mallon Linaje (DELETE)  
Ana Martinez (DELETE)

ARK



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 630618 131879A

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 61.25

ORDER DATE : November 30, 2006

ORDER TIME : 9:19 AM

ORDER NO. : 630618-005

CUSTOMER NO: 131879A

ANNUAL REPORT FILING

NAME: MATER ACADEMY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: \_\_\_\_\_

CS REC'D 06 DEC 30 11:10:43  
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JAN 2 2007