


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90034 004 ****61.25

DOCUMENT # N98000004262					
1. Entity Name MATER ACADEMY, INC.					
Principal Place of Business 7901 NW 103RD ST HIALEAH GARDENS, FL 33016			Mailing Address 6255 BIRD RD MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0857507	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. N 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP ROCA, ANTONIO 2601 SOUTH BAYSHORE DRIVE, SUITE 600 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATRIZ RIERA 450 SW 4 STREET MIAMI, FLORIDA 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S CONCEPCION, DAVID 1530 NW 28TH AVENUE MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIM GUILARTE 7700 NW 90 STREET HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Change <input checked="" 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	VP RENE ROVIROSA 5875 NW 163 STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Change <input checked="" 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	VP MARRERO, LOURDES 9010 NW 178TH LANE HIALEAH, FL 33018	<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	VP 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 life empowered.					
SIGNATURE: _____			4/23/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

ATTACHMENT 40111247
MATER ACADEMY, INC.
2006 - 2007 # 198000004262

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

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

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

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

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