1 of 2

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 FEB -7 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800117503353

DOCUMENT # N98000004262

1. Entity Name
MATER ACADEMY, INC.

Principal Place of Business	Mailing Address
7901 NW 103RD ST HIALEAH GARDENS, FL 33016	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

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0857507
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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.

800117291518

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIERA, BEATRIZ 458 SW 4 STREET MIAMI, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S CONCEPCION, DAVID 1530 NW 28TH AVENUE MIAMI, FL 33125	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUILARTE, KIM 7700 NW 98 STREET HIALEAH GARDENS, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBY, RUTH 9866 NW 19TH ST CORAL SPRINGS, FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROVIROSA, RENE 9010 NW 178 LANE MIAMI, FL 33018	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SADESKY, SHANNIE 506 SW 19TH ST FORT LAUDERDALE, FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CALVO, DAVID 458 SW 4 STREET MIAMI, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARRERO, LOURDES 9010 NW 178TH LANE HIALEAH, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T BLANCH, ROBERTO 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTY, JUDITH 7901 NW 103RD ST HILEAH GARDENS, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, JUAN 18803 NW 89 AVENUE HIALEAH, FL 33018	☐ Change ☑ 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.

SIGNATURE: _____ ANTONIO ROCA, PRESIDENT 1/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 433541 131879A

AUTHORIZATION : [signature]

COST LIMIT : $ 61.25

ORDER DATE : February 6, 2008

ORDER TIME : 10:45 AM

ORDER NO. : 433541-005

CUSTOMER NO: 131879A

RECEIVED
08 FEB -7 AM 10:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 DUNLAP EXT 2951

EXAMINER'S INITIALS: _____