
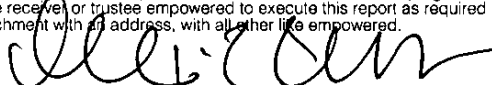


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 A.M.**  
**Secretary of State**

<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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0857507</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR SUITE 4 WESTON, FL 33331</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	<b>DCP ROCA, ANTONIO 2601 SOUTH BAYSHORE DRIVE, SUITE 600 MIAMI, FL 33133</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROVIRSA, RENE 9010 NW 170 LANE HIALEAH, FL 33018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RIERA, BEATRIZ 458 SW 4 STREET MIAMI, FL 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CALVO, DAVID 990 SW 1 STREET MIAMI, FL 33130</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GUILARTE, KIM 1700 NW 98 STREET HIALEAH GARDENS, FL 33016</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARCIA, IVAN 16003 NW 64 AVENUE HIALEAH, FL 33018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SADESKY, SHANNIE 506 SW 15TH ST FORT LAUDERDALE, FL 33315</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/SIT BLANCH, ROBERTO 201 ALTAMIRA CIRCLE, #1102 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MARRERO, LOURDES 9010 NW 178TH LANE HIALEAH, FL 33018</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NVEVO, ELIZABETH 10101 NW 50 STREET MIAMI, FL 33178</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MARTY, JUDITH 7901 NW 103RD ST HIALEAH GARDENS, FL 33016</b> <input type="checkbox"/> Delete		700129481997 05/14/08--01041--033 **70.00		
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>Antonio Roca</b> 4/9/08 305-860-7156					