

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003204

FILED
Jul 20, 2004
Secretary of State

Entity Name: BLUE LAKES AUTISM SUPPORT TEAM, INC.

Current Principal Place of Business:

BLUE LAKES ELEMENTARY SCHOOL
9250 SOUTHWEST 52ND TERRACE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

BLUE LAKES ELEMENTARY SCHOOL
9250 SOUTHWEST 52ND TERRACE
MIAMI, FL 33165

New Mailing Address:

C/O FARIDES GARCIA
5108 DONATELLO STREET
CORAL GABLES, FL 33146

FEI Number: 65-0928441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCERPELLA, PATRICIA
15405 SW 82 CT.
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

GARCIA, FARIDES
5108 DONATELLO STREET
CORAL GABLES, FL 33146 US

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.

SIGNATURE: FARIDES GARCIA

07/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITEHURST, MARIE-ILENE
Address: 4809 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Delete
Name: RAMOS, JOSIE
Address: 13485 S.W. 63 AVE
City-St-Zip: PINECREST, FL 33156

Title: D (X) Delete
Name: BLANCO, DEBRA
Address: 5130 SW 99 AVE
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete
Name: ALESSANDRI, MICHAEL
Address: P.O. BOX 248768
City-St-Zip: CORAL GABLES, FL 33124

Title: P (X) Delete
Name: SCERPELLA, PATRICIA
Address: 15405 SW 82 CT.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GARCIA, FARIDES
Address: 5108 DONATELLO STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARIDES GARCIA

S

07/20/2004

Electronic Signature of Signing Officer or Director

Date