


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N99000003204 |  |
| 1. Entity Name BLUE LAKES AUTISM SUPPORT TEAM, INC. | |

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| Principal Place of Business BLUE LAKES ELEMENTARY SCHOOL 9250 SOUTHWEST 52ND TERRACE MIAMI, FL 33165 | Mailing Address C/O FARIDES GARCIA 5108 DONATELLO STREET CORAL GABLES, FL 33146 |
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01242007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0928441 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GARCIA, FARIDES 5108 DONATELLO STREET CORAL GABLES, FL 33146 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GARCIA, FARIDES 5108 DONATELLO STREET CORAL GABLES, FL 33146 |
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05/16/07-80082-025 61.25

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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: Farides Garcia 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #