## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 22, 2006 8:00 am Secretary of State DOCUMENT # N99000003658 1. Entity Name 03-22-2006 90027 029 \*\*\*\*61.25 FLORIDA SCHOOL OF EXCELLENCE CORP. Principal Place of Business Mailing Address 2772 SW 137TH AVENUE 2772 SW 137TH AVENUE **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4, FEI Number 65-0926410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, MIGUEL A 14862 SW 32ND LANE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** City 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, SIGNATURE Signature, typed or phytod name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 2 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS (President) Delete TITLE TIT! F ☐ Addition FERNANDEZ, MIGUEL A. FERNANDEZ, MIGUEL A NAME NAME 14862 SW 32 LANE STREET ADDRESS STREET ADDRESS 391 SW 23 LN MIAMI FL 33185 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GUIGNARD, ALEXANDER NAME NAME 208 N UNIVERSITY DR STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP D. Fernandez, Daima & Chango TITLE Delete \_ TITLE 15391 SW 23 LN Main, FC 33185 NAME FERNANDEZ, DAIMA NAME STREET ADDRESS 14862 SW 32 LANE STREET ADDRESS MIAMI FL 33185 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME GARDNER, TANYA NAME STREET ADDRESS STREET ADDRESS 1319 NE 17TH AVE CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P THILE Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Sent (President

03/10/06

**FILED** 

305-970-9146