

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

DOCUMENT # P00000047192

1. Entity Name

ANGELA OF MERICI EUROPEAN ACADEMY CORP.



04-11-2007 90135 001 *****8.75
04-11-2007 90135 002 ***150.00

Principal Place of Business

8035 SW 107 AVE
121 & 123
MIAMI FL 33173

Mailing Address

8035 SW 107 AVE
121 & 123
MIAMI FL 33173



2. Principal Place of Business - No P.O. Box #

8035 S.W. 107 AVE.

3. Mailing Address

121 & 123

Suite, Apt., etc.

Suite, Apt., etc.

107

121 & 123

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

DADE

Zip

121 & 123

Country

4. FEI Number NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE - CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HIDALGO-GATO, MARIA E.
8035 SW 107TH AVE., SUITE 123
MIAMI FL 33137

7. Name and Address of New Registered Agent

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.

SIGNATURE

Maria E. Hidalgo-Gato

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

(NOTE: Registered Agent signature required when reinstating)

4/11/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HIDALGOGATO, MARIA E
STREET ADDRESS 8035 SW 107 AVE SUITE 123
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE VP
NAME HIDALGOGATO, MARIA E
STREET ADDRESS 8035 SW 107 AVE SUITE 123
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE S
NAME HIDALGOGATO, MARIA E
STREET ADDRESS 8035 SW 107 AVE SUITE 123
CITY- ST- ZIP MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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 607, 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:

Maria E. Hidalgo-Gato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

786-488-9465

Daytime Phone #