

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000070278**

1. Entity Name

**WEST DADE ACADEMY CORP**



Principal Place of Business

**10950 SW 34 ST  
MIAMI FL 33165**

Mailing Address

**10950 SW 34 STREET  
MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1130309**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**ALDANA, HECTOR  
13837 SW 15TH ST  
MIAMI FL 33184**

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

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

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 |                     |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|---------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | PD                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ALDANA, HECTOR      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 13837 SW 15 STREET  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY- ST- ZIP              | MIAMI FL 33184      |                                 |  | CITY- ST- ZIP   |  |                                 |                                   |
| TITLE                      | VP                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | NECUZE, MARIA       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 17837 SW 151 AVENUE |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY- ST- ZIP              | MIAMI FL 33187      |                                 |  | CITY- ST- ZIP   |  |                                 |                                   |
| TITLE                      | TD                  | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | SANTANA, CHRISTINE  |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 12455 SW 51 STREET  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY- ST- ZIP              | MIAMI FL 33175      |                                 |  | CITY- ST- ZIP   |  |                                 |                                   |
| TITLE                      | S                   | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ALDANA, ALDA        |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 13837 SW 15 STREET  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY- ST- ZIP              | MIAMI FL 33184      |                                 |  | CITY- ST- ZIP   |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY- ST- ZIP              |                     |                                 |  | CITY- ST- ZIP   |  |                                 |                                   |
| TITLE                      |                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                     |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                     |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY- ST- ZIP              |                     |                                 |  | CITY- ST- ZIP   |  |                                 |                                   |

**U00000431293  
02/23/06-80023-014 150.00**

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 A. Necey* **VP**

*02/06/06* *305-553-1000*