


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90069 033 ***150.00

DOCUMENT # P01000070278

1. Entity Name
WEST DADE ACADEMY CORP



Principal Place of Business Mailing Address
 10950 SW 34 ST 10950 SW 34 STREET
 MIAMI FL 33165 MIAMI FL 33165

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 6520-22 W. Flagler St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 MIAMI, FL 33144
 City & State City & State

4. FEI Number 65-1130309 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
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 *Christine Santana TD* DATE **3/1/07**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDANA, HECTOR	
STREET ADDRESS	13837 SW 15 STREET	
CITY- ST- ZIP	MIAMI FL 33184	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NECUZE, MARIA	
STREET ADDRESS	17837 SW 151 AVENUE	
CITY- ST- ZIP	MIAMI FL 33187	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTANA, CHRISTINE	
STREET ADDRESS	12455 SW 51 STREET	
CITY- ST- ZIP	MIAMI FL 33175	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALDANA, ALDA	
STREET ADDRESS	13837 SW 15 STREET	
CITY- ST- ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 another like empowered.

SIGNATURE: *Christine Santana TD* DATE **3/1/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #