

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070278

FILED
Jan 10, 2009
Secretary of State

Entity Name: WEST DADE ACADEMY CORP

Current Principal Place of Business:

6520-22 W FLAGLER ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

652022 W. FLAGER STREET
MIAMI, FL 33144

New Mailing Address:

6520/22 W. FLAGER STREET
MIAMI, FL 33144

FEI Number: 65-1130309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALDANA, HECTOR
Address: 13837 SW 15 STREET
City-St-Zip: MIAMI, FL 33184

Title: VP () Delete
Name: NECUZE, MARIA
Address: 17837 SW 151 AVENUE
City-St-Zip: MIAMI, FL 33187

Title: TD () Delete
Name: SANTANA, CHRISTINE
Address: 12455 SW 51 STREET
City-St-Zip: MIAMI, FL 33175

Title: S () Delete
Name: ALDANA, ALDA
Address: 13837 SW 15 STREET
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A. NECUZE

VP

01/10/2009

Electronic Signature of Signing Officer or Director

_____ Date