

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070278

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: WEST DADE ACADEMY CORP

**Current Principal Place of Business:**

10950 SW 34 STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

10950 SW 34 STREET  
MIAMI, FL 33165

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIA A. NECUZE

VP

04/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date