

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90031 041 ***150.00

DOCUMENT # P02000107346

1. Entity Name

U.S. INTERNATIONAL CHRISTIAN ACADEMY, INC.



Principal Place of Business

**9601 SW 142 AVE #1205
MIAMI FL 33186**

Mailing Address

**9601 SW 142 AVE #1205
MIAMI FL 33186**

2. Principal Place of Business

7601 W. Flagler ST

3. Mailing Address

7601 W. Flagler ST

Suite, Apt. #, etc.

#215

Suite, Apt. #, etc.

#215

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33155

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

16-1634921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALFONSO, RODOLFO
9601 SW 142 AVE #1205
MIAMI FL 33186**

**760 W. Flagler ST
#215
Miami FL 33155**

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 of person named as registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PSD	<input type="checkbox"/> Delete
NAME	ALFONSO, RICARDO	
STREET ADDRESS	9601 SW 142 AVE #1205	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALFONSO, RODOLFO	
STREET ADDRESS	9601 SW 142 AVE #1205	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7601 W. Flagler ST #215
CITY-ST-ZIP	Miami FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7601 W. Flagler ST #215
CITY-ST-ZIP	Miami FL 33155
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
NAME	
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 exemption stated in Section 119.07(3)(i), 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #