

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90055 003 ***150.00

DOCUMENT # P02000107346

1. Entity Name

U.S. INTERNATIONAL CHRISTIAN ACADEMY, INC.



Principal Place of Business

7601 W. FLAGLER ST.
SUITE 215
MIAMI FL 33155

Mailing Address

7601 W. FLAGLER ST.
SUITE 215
MIAMI FL 33155



2. Principal Place of Business

9010 SW 137 Ave #244
Suite, Apt. #, etc.
#244

3. Mailing Address

The same

Suite, Apt. #, etc.

City & State

Miami FL

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

USA

Zip

33186

Country

USA

1st MOORE

CR2E034 (10/05)

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
7601 W FLAGLER STREET
SUITE 215
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9010 SW 137 Ave #244

City

Miami

FL

Zip Code

33186

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-6

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ALFONSO, RICARDO	
STREET ADDRESS	7601 W. FLAGLER ST. SUITE 215	
CITY-ST-ZIP	MIAMI FL 33155	9010 SW 137 Ave #244 #244 MIAMI FL 33186
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALFONSO, RODOLFO	
STREET ADDRESS	7601 W. FLAGLER ST. SUITE 215	
CITY-ST-ZIP	MIAMI FL 33155	9010 SW 137 Ave #244 #244 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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	9010 SW 137 Ave #244	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	9010 SW 137 Ave #244	
CITY-ST-ZIP	MIAMI FL 33186	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

2-6-6 (786) 488-9971