

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000125645

FILED
May 08, 2009
Secretary of State**Entity Name:** MONTESSORI INSTITUTE OF BROWARD, INC.**Current Principal Place of Business:**12425 ORANGE DR.
DAVIE, FL 33330**New Principal Place of Business:****Current Mailing Address:**12425 ORANGE DR
DAVIE, FL 33330**New Mailing Address:****FEI Number:** 83-0375983**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COVARRUBIAS, DANIEL PTD
12425 ORANGE DRIVE
DAVIE, FL 33330 US**Name and Address of New Registered Agent:**DEL CASTILLO, ALEJANDRA
12425 ORANGE DRIVE
DAVIE, FL 33330 US

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: ALEJANDRA DEL CASTILLO

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COVARRUBIAS, DANIEL
Address: 12425 ORANGE DR.
City-St-Zip: DAVIE, FL 33330

Title: VSD () Delete
Name: DEL CASTILLO, RAYMUNDO
Address: 12425 ORANGE DR.
City-St-Zip: DAVIE, FL 33330

Title: MGM () Delete
Name: AGUADO, MARIA G
Address: 12425 ORANGE DR
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEL CASTILLO, RAYMUNDO
Address: 12425 ORANGE DR.
City-St-Zip: DAVIE, FL 33330

Title: VD (X) Change () Addition
Name: AGUADO, MARIA G
Address: 12425 ORANGE DR.
City-St-Zip: DAVIE, FL 33330

Title: ST (X) Change () Addition
Name: DEL CASTILLO, ALEJANDRA
Address: 12425 ORANGE DR
City-St-Zip: DAVIE, FL 33330

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 GRACIELA AGUADO

VD

05/08/2009

Electronic Signature of Signing Officer or Director

Date