

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90019 006 \*\*\*158.75

**DOCUMENT # P04000132320**

1. Entity Name  
NORTH MIAMI CHARTER SCHOOL GP, INC.



Principal Place of Business  
321 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

Mailing Address  
321 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1821111

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STOTZER, THEODORE R  
321 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
STREET, BRIAN  
321 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
COHEN, JAMES  
321 EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
STOTZER, THEODORE R  
321 EAST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
SCOTT, JEFFERY  
2200 NE 143 RD STREET  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: By:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Theodore R. Stotzer, Vice President

March 8, 2007

Date

(954) 949-3480

Daytime Phone #