

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119462

FILED  
May 06, 2009  
Secretary of State

Entity Name: BRICKELL MONTESSORI SCHOOL, INC.

**Current Principal Place of Business:**

6315 MAYNADA STREET  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

6315 MAYNADA STREET  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ-ARENCIBIA, MARIA  
6315 MAYNADA STREET  
CORAL GABLES, FL 33146      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      VP                      ( ) Delete  
Name:                      FERNANDEZ-ARENCIBIA, MARIA  
Address:                      6315 MAYNADA STREET  
City-St-Zip:                      CORAL GABLES, FL 33146

Title:                      VP                      ( ) Delete  
Name:                      FERNANDEZ, VICKY  
Address:                      1520 N.E. 13 PLACE  
City-St-Zip:                      MIAMI, FL 33133

Title:                      VP                      ( ) Delete  
Name:                      FERNANDEZ, ALBERTO  
Address:                      2370 N.E. 135 STREET, UNIT 406  
City-St-Zip:                      NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

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 ARENCIBIA

VP

05/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date