

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009126

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF MIAMI-DADE COUNTY, INC.

**Current Principal Place of Business:**

5090 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

301 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

5090 PGA BOULEVARD  
SUITE 200  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

301 SOUTHERN BOULEVARD  
WEST PALM BEACH, FL 33405

FEI Number: 26-4274479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLAHR, JULIE F  
3099 EAST COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: QUIRANTES, ALBERT M  
Address: 1815 NW 7TH STREET  
City-St-Zip: MIAMI, FL 33185

Title: D  
Name: ALI, IMRAN  
Address: 701 NW 1 COURT, SUITE 10-103  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: QUIRANTES, ADRIANA  
Address: 757 NW 27TH AVENUE, SUITE 200  
City-St-Zip: MIAMI, FL 33125

Title: DST  
Name: BUTCHEY, DEANNE  
Address: 11200 SOUTHWEST 8TH STREET  
City-St-Zip: MIAMI, FL 33199

Title: D  
Name: DEL VALLE, HUMBERTO  
Address: 1206 NW 72 AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: D  
Name: RUSSELL, JENNIFER C  
Address: 442 SAVOIE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT M. QUIRANTES

CD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date