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.

DP

SIGNATURE: LUIS MACHADO	

SIGNATURE:

# CORAL GABLES, FL 33134 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.

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

• • • • • • • • • • • • • • • • • • • •					
Title	DP	Title	DS		
Name	MACHADO, LUIS	Name	AVINO, JOAQUIN G		
Address	305 ALCAZAR AVE SUITE 3	Address	P.O. BOX 831766		
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33283		

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0400000175

### Entity Name: PALM GLADES CHARTER SCHOOL DEVELOPERS, INC.

#### **Current Principal Place of Business:**

305 ALCAZAR AVE SUITE 3 CORAL GABLES, FL 33134

#### **Current Mailing Address:**

305 ALCAZAR AVE SUITE 3 CORAL GABLES, FL 33134 US

#### FEI Number: 55-0856678

MACHADO, LUIS 305 ALCAZAR AVE

SUITE 3

## Name and Address of Current Registered Agent:

Electronic Signature of Signing Officer/Director Detail



FILED Jan 08, 2024

Secretary of State

1208039422CC

Certificate of Status Desired: Yes

Date