

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87443

Entity Name: ACADEMIA INC.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

13953 SW 66 ST #B910
MIAMI, FL 331832241

New Principal Place of Business:

13953 SW 66 ST #B910
MIAMI, FL 33183

Current Mailing Address:

13953 SW 66 ST
B910
MIAMI, FL 331832241

New Mailing Address:

13953 SW 66 ST
B910
MIAMI, FL 33183

FEI Number: 19-1566648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDAKOVIC, TOMISLAV
13953 SW 66TH STREET
B 910
MIAMI, FL 33183 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MANDAKOVIC, TOMISLAV
Address: 13953 SW 66TH STREET B-910
City-St-Zip: MIAMI, FL 33183

Title: MR () Delete
Name: MANDAKOVIC, ANDRO A
Address: 13953 SW 66TH STREET B-910
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TOMISLAV MANDAKOVIC

DR

01/06/2008

Electronic Signature of Signing Officer or Director

_____ Date