


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90423 006 \*\*\*150.00

**DOCUMENT # P00000013661**

1. Entity Name  
**JEFFERSON ACADEMY, INC.**



Principal Place of Business  
 2100 PONCE DE LEON BLVD., SUITE 601  
 CORAL GABLES, FL 33134

Mailing Address  
 2100 PONCE DE LEON BLVD., SUITE 601  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
**1643 Brickell Ave.**


3. Mailing Address  
**1643 Brickell Ave.**

Suite, Apt. #, etc.  
**901**

City & State  
**Miami, FL**

Zip  
**33129**

Country  
**USA**



04282005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1015257**

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

6. Name and Address of Current Registered Agent

**GARCIA-SARRAFF, JORGE I**  
 2100 PONCE DE LEON BLVD. STE. 601  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
**Miguel G. Farra**

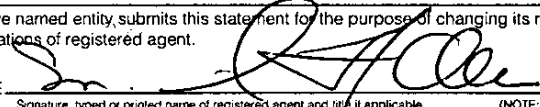
Street Address (P.O. Box Number is Not Acceptable)  
**1001 Brickell Bay Dr., 9th Floor**

City  
**Miami**

State  
**FL**

Zip Code  
**33131**

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  DATE **4/28/05**

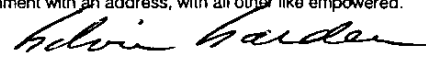
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>SAIDEN, AMIN</b><br>2100 PONCE DE LEON BLVD., SUITE 601<br>CORAL GABLES, FL 33134     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P</b><br><b>Amin Saiden</b><br>1643 Brickell Ave., Apt. 2305<br>Miami, FL 33129      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>SAIDEN, SILVIA A</b><br>2100 PONCE DE LEON BLVD., SUITE 601<br>CORAL GABLES, FL 33134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>Silvia de Saiden</b><br>1643 Brickell Ave., Apt. 2305<br>Miami, FL 33129 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>SAIDEN, SILVIA</b><br>2100 PONCE DE LEON BLVD., SUITE 601<br>CORAL GABLES, FL 33134   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b><br><b>Silvia Saiden</b><br>1643 Brickell Ave., Apt. 901<br>Miami, FL 33129     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **04/28/05** DAYTIME PHONE # **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR