


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:43

DOCUMENT # P00000013661
1. Entity Name
JEFFERSON ACADEMY, INC.



Principal Place of Business
1643 BRICKELL AVE #901
MIAMI, FL 33129

Mailing Address
1643 BRICKELL AVE #901
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1015257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FARRA, MIGUEL G
1001 BRICKELL BAY DR, 9TH FL
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAIDEN, AMIN
STREET ADDRESS	1643 BRICKELL AVE, APT 2305
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	T
NAME	SAIDEN, SILVIA A
STREET ADDRESS	1643 BRICKELL AVE, APT 2305
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	S
NAME	SAIDEN, SILVIA
STREET ADDRESS	1643 BRICKELL AVE, APT 901
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000131000030
06/06/08--01027--015 **2453.75

DO NOT WRITE IN THIS SPACE

B. T. T. JUN 02 2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Silvia Saidein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/08
Date Daytime Phone #