

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000005730

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** MONTESSORI ACADEMY TRAINING INSTITUTE, CORP.

**Current Principal Place of Business:**

19200 PINES BLVD.  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

19200 PINES BLVD.  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

BENITEZ, DANIEL  
19200 PINES BLVD.  
PEMBROKE PINES, FL 33029 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: P  
Name: BENITEZ, MONICA G  
Address: 19200 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP  
Name: BENITEZ, DANIEL  
Address: 19200 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33029 US

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

SIGNATURE: DANIEL BENITEZ

VP

01/05/2012

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

\_\_\_\_\_  
Date