

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137311

FILED  
Apr 28, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA EDUCATIONAL SERVICE, INC.

**Current Principal Place of Business:**

5555 HOLLYWOOD BLVD  
SUITE 303  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

3479 WEST VINE STREET  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 71-1014968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ARIAS, MAIKEL R  
5555 HOLLYWOOD BLVD  
SUITE 303  
HOLLYWOOD, FL 33021 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:** ARIAS, MAIKEL R  
**Address:** 5555 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** S  
**Name:** LONDONO, ANA M  
**Address:** 5555 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** T  
**Name:** LONDONO, CARLOS A  
**Address:** 5555 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33021

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:** MAIKEL R. ARIAS

P

04/28/2012

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

\_\_\_\_\_  
Date