FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 20 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000122111

1. Entity Name

A-PLUS BUSINESS AND EDUCATIONAL CONSULTANTS, CORP

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number / Applied For / Not Applicable
20191 E. Country Club Dr	20191 E. Country Club Dr	261160051
Suite, Apt. #, etc.: 605	Suite, Apt. #, etc.: 605	
City & State: Aventura, FL	City & State: Aventura, FL	
Zip: 33180 Country: USA	Zip: 33180 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Refreda Johnson-Huff

Street Address (P.O. Box Number is Not Acceptable): 20191 E. Country Club Dr #605

City: Aventura FL Zip Code: 33180

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

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: freddiphd@gmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Refreda Johnson-Huff
STREET ADDRESS	20191 E. Country Club Dr suite #605
CITY-ST-ZIP	Aventura, FL 33180
TITLE	
NAME	Timothy Huff
STREET ADDRESS	20191 E. Country Club Dr suite 605
CITY-ST-ZIP	Aventura, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Refreda L. Johnson-Huff 5/10/2011 305 336-5237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

5/20cd