2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2004
Secretary of State

DOCUMENT# F03000000928

Entity Name: ACADEMIA BARBARA ANN ROESSLER, INC.

Current Principal Place of Business:

260 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

260 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 66-0493222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DANIEL MEDINA, P.A.
464 W. PIPKIN ROAD, SUITE 1
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

RIVERA, ERNESTO J PRES.
3016 JUNEBERRY TERR
OVIEDO, FL 32766 US

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: ERNESTO J. RIVERA 10/25/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: RIVERA-VEGA, ERNESTO J
Address: 260 WILSHIRE BLVD.
City-St-Zip: CASSELBERRY, FL 32707

Title: VCT ( ) Delete
Name: RIVERA BADILLO, FRANKLIN
Address: RUCICON STREET #111
City-St-Zip: EL PARAISO, SAN JUAN PUERTO,

Title: D ( ) Delete
Name: VEGA ORSINI, ROSA
Address: CALLE TAMESIS 1521 URB. EL PARAISO
City-St-Zip: RIO PIEDRAS, PUERTO RICO, 00926

Title: D ( ) Delete
Name: RIVERA MENDEZ, MARIO E
Address: CALLE TAMESIS 1521 URB. EL PARAISO
City-St-Zip: RIO PIEDRAS, PUERTO RICO, 00926

Title: S ( ) Delete
Name: TORO DE TRICOLI, NILMA
Address: CALLE GANGES URB EL PARAISO RIO PIEDRAS
City-St-Zip: PUERTO RICO, 00926

Title: D ( ) Delete
Name: SANTIAGO, MANUEL
Address: URB LAS GAVIOTAS E-9
City-St-Zip: TOA BAJA PUERTO RICO, 00949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO J. RIVERA CP 10/25/2004
Electronic Signature of Signing Officer or Director Date