

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/22/2006-90006-011-\$158.75-\$158.75

DOCUMENT # P05000077156	
1. Entity Name PHOENIX INTERNATIONAL EDUCATIONAL SERVICE, INC.	
Principal Place of Business 10031 PINES BOULEVARD #221 PEMBROKE PINES FL 33024	Mailing Address 10031 PINES BOULEVARD #221 PEMBROKE PINES FL 33024



FILED

06 MAR 14 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 132 E. Colonial Dr Suite Apt. #, etc. 215 City & State Orlando, FL Zip 32801 Country United States	3. Mailing Address 228 Altamonte Bay Club Suite Apt. #, etc. 107 City & State Altamonte Springs, FL Zip 32701 Country United States
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REINSTATEMENT

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent ARIAS, MAIKEL 5600 W. 13 AVENUE HIALEAH FL 33012	
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7. Name and Address of New Registered Agent Name ARIAS, MAIKEL Street Address (P.O. Box Number is Not Acceptable) 228 Altamonte Bay Club Circle 107 City Altamonte Springs FL Zip Code 32701	
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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 1/30/06 <small>(NOTE: Registered Agent's signature required when reactivating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARIAS, MAIKEL 10031 PINES BOULEVARD #221 PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ARIAS, MAIKEL 228 Altamonte Bay Club Circle 107 Altamonte Springs, Florida, 32701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____ DATE 1/30/06 (407) 235 0234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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B. Mitchell MAR 17 2006