

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004914

Entity Name: STUDENTS AID INC ***SEE NOTE**Current Principal Place of Business:**15800 PINES BLVD SUITE 3111
PEMBROKE PINES, FL 33027**Current Mailing Address:**15800 PINES BLVD SUITE 3111
PEMBROKE PINES, FL 33027 US**FEI Number:** 30-0799016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDER, NEVA H DR.
15800 PINES BLVD, SUITE 3111
PEMBROKE PINES, FL 33027 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ALEXANDER, NEVA H DR.
Address	15800 PINES BLVD SUITE 3111
City-State-Zip:	PEMBROKE PINES FL 33027

Title	TREA
Name	ABOLARIN, AZEEZ MR.
Address	146 FOUNTAIN AVENUE, APT 1
City-State-Zip:	BROOKLYN NY 11208

Title	SEC
Name	MITCHELL, JULIET
Address	15800 PINES BLVD SUITE 3111
City-State-Zip:	PEMBROKE PINES FL 33027

Title	ADVISOR
Name	DONALDSON, DANIELLE
Address	15800 PINES BLVD SUITE 3111
City-State-Zip:	PEMBROKE PINES FL 33027

Title	ADVISOR
Name	AROGUNDADE, HARRY
Address	15800 PINES BLVD SUITE 3111
City-State-Zip:	PEMBROKE PINES FL 33027

Title	ADVISOR
Name	ENNIS , ATIVE
Address	15800 PINES BLVD SUITE 3111
City-State-Zip:	PEMBROKE PINES FL 33027

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

SIGNATURE: DR. NEVA H ALEXANDER**PRESIDENT****03/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date