

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100226

**Entity Name:** A+ EDUCATIONAL MAPPING, INC.

**Current Principal Place of Business:**

24 NE 47 STREET  
MIAMI, FL 33137

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC0232849941**

**Current Mailing Address:**

P.O. BOX 370754  
MIAMI, FL 33137

**FEI Number: 26-4635950**

**Certificate of Status Desired: Yes**

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

JEROME, SCHILLER  
24 NE 47 STREET  
MIAMI, FL 33137 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            P  
Name            SCHILLER JEROME  
Address        24 NE 47 STREET  
City-State-Zip: MIAMI FL 33137

Title            VP  
Name            JEROME, MARIE J  
Address        1720 NW 179 TERRACE  
City-State-Zip: MIAMI FL 33137

*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: SCHILLER JEROME**

**P**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date