## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPURT (AR)					Mar 31, 2004 8:00 am	
DOCUMENT # 335724  1. Entity Name					Secretary of State	
MODERN SCHOOLS, INC.					03-31-2004 90036 012 ****138./3	
Principal Plac	e of Business	Mailing Address				
6401 SW 87 MIAMI FL 33 US		6401 SW 87 AVENUE MIAMI FL 33173 US			94040589	
2. Principal Place of Business 6401 S.W. 87 AVENUE		3. Mailing Address 6401 S.W. 87 AVENUE				
Suite, Apt. Suite	# 108	Suite, Apt. #, etc. SUITE # 107			MOORE CR2E034 (11/03)	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			4. FEI Number 59-1161072 Applied For Not Applicable	
Zip <b>33173</b>	Country A.	33173	Country U.S.A.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent	
D'ANGELO, REGINA					NGELO, REGINA-	
100 NW 37 AVE MIAMI FL 33125				itreet Address (P.O. Box Number is Not Acceptable)		
					1 S.W. 87 AVENUE SUITE #107	
			City	City MIAMI FL Zip Code 33173		
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating)  DATE						
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS					A PRINCIPAL OF TO OFFICE TO AND DIRECTORS AND	
10.	PD OFFICERS AND	Delete Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PD	
NAME	D'ANGELO, REGINA	L Delete	NAME		D'ANGELO, REGINA	
STREET ADDRESS CITY-ST-ZIP	100 NW 37TH AVENUE MIAMI FL 33125		STREET ADDRESS CITY-ST-ZIP	6	6401 S.W. 87 AVE. SUITE # 107 MIAMI, FLORIDA 33173	
TITLE	VD	☐ Delete	TITLE		. Change Addition	
NAME STREET ADDRESS	BUNTINX, ROXANA 434 CADIMA AVE		NAME STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP			
TITLE	STD	☐ Delete	TITLE	S	STD Change 🗖 Addition	
NAME	CESPEDES, CARMEN		NAME		CESPEDES, CARMEN	
STREET ADDRESS CITY-ST-ZIP	100 N.W. 37TH AVE.		STREET ADDRESS CITY-ST-ZIP	6	6401 S.W. 87 AVENUE SUITE #107 MIAMI, FLORIDA 33173	
TITLE	MIAMI FL	☐ Delete	TITLE	-	☐ Change ☐ Addition	
NAME	BUNTINX, ROXANA	□ Delete	NAME	į	Orange Addition	
STREET ADDRESS	434 CADIMA AVE		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	.		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby	certify that the information supplied wit	h this filing does not qualify for	the exemption sta	ated in Se	ection 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 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.						

Despedes 3-26-04 (305) 5988188