2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

ANNOAL REPORT				Secretary of State				
DOCUMENT # 436159 1. Entity Name 1. Entity Name				I	05-05-2008 9	_		
KNOBEL	PRIVATE SCHOOLS, INC.) 				
Principal Piaci	e of Business	Mailing Address		7				
1909 TYLER	STREET	1100 NE 163 ST SUITE 401						
Suite 500 Hollywood	, FL 33162 US	N MIAMI BEACH, FL 3316	52 US		MIS GIIZI MBAL AMIB IBII		i eren etalia	
Principal Place of Business - No P.O. Box # Mailing Address -			<u> </u>					
1909 JYLER ST		1909 JYLER ST Suite, Apt. #, etc.			IIIA A1191 ITARI RIPPA ENTI		1 A1A11 AIBNR)
Suite, Apt. #, etc. # 503		# 503		05012008	Chg-P	CR2E034 (
HOLLY WOOD FC		City & State HOCLYWOO	i) FC	4. FEI Number 59-1486	208			lied For Applicable
Zip	Country	Zip	Country	5. Certificate of			75 Additi Required	
33	6. Name and Address of Current F	33020 Registered Agent		7. Name and A	ddress of New R			
N.						<u></u>		-
KNOBEL, MARK 1110 N.E. 169TH TERRACE			Street Address	(P.O. Box Number	is Not Acceptable	e)		
N MIAMI BEACH, FL 33162								
			City			FL	Zip Code	
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								
EI	E NOW!!! EEE IS \$450.00	9. Election Campaign	n Financing \$	5.00 May Be				
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			5.00 May Be				
	ay 1, 2008 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contrib		dded to Fees	HANGES TO OFF	ICERS AND DIF	ECTORS	IN 11
10.	OFFICERS AND I	Trust Fund Contrib	11.	dded to Fees	HANGES TO OFF		ECTORS Change	IN 11
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contrib	ution. Ac	dded to Fees	HANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 954

954.929.0115