2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 537849 Jan 30, 2006 08:00 AN 1. Entity Name Secretary of State EDU-TECH. N.A., INC. Principal Place of Business Mailing Address 117 SHORE DRIVE WEST 117 SHORE DRIVE WEST MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1950923 Not Applicat Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEGUEZ, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 117 SHORE DRIVE WEST **MIAMI FL 33133** City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May 8: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE THEF ☐ Delete ☐ Change Addition NAME DIEGUEZ, FRANCISCO NAME STREET ADDRESS STREET ADDRESS 117 SHORE DRIVE WEST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ____U00000407468 02/08/06-80021-008-1979:00 □ **** **VPS** TITLE ☐ Delete TITLE NAME DIEGUEZ, BERTA M NAME 117 SHORE DRIVE WEST STREET ADDRESS STREET LADOURESS MIAMI FL 33133 CITY ST-78 CITY-ST-7IP THE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - 74P TITLE Delete TITLE ☐ Change Addit. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE THE ☐ Change Adissi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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.