2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

DOCUMENT# F03000000928

Entity Name: ACADEMIA BARBARA ANN ROESSLER, INC.

Current Principal Place of Business:

260 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

260 WILSHIRE BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 66-0493222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVERA, ERNESTO J PRES.
3016 JUNEBERRY TERR
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	CP	( ) Delete
Name:	RIVERA-VEGA, ERNESTO J	
Address:	260 WILSHIRE BLVD.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	VCT	( ) Delete
Name:	RIVERA BADILLO, FRANKLIN	
Address:	RUCICON STREET #111	
City-St-Zip:	EL PARAISO, SAN JUAN PUERTO,	
Title:	D	( ) Delete
Name:	VEGA ORSINI, ROSA	
Address:	CALLE TAMESIS 1521 URB. EL PARAISO	
City-St-Zip:	RIO PIEDRAS, PUERTO RICO, 00926	
Title:	D	( ) Delete
Name:	RIVERA MENDEZ, MARIO E	
Address:	CALLE TAMESIS 1521 URB. EL PARAISO	
City-St-Zip:	RIO PIEDRAS, PUERTO RICO, 00926	
Title:	S	( ) Delete
Name:	TORO DE TRICOLI, NILMA	
Address:	CALLE GANGES URB EL PARAISO RIO PIEDRAS	
City-St-Zip:	PUERTO RICO, 00926	
Title:	D	( ) Delete
Name:	SANTIAGO, MANUEL	
Address:	URB LAS GAVIOTAS E-9	
City-St-Zip:	TOA BAJA PUERTO RICO, 00949	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 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 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 an address, with all other like empowered.

SIGNATURE: ERNESTO J. RIVERA PRES 02/09/2005
Electronic Signature of Signing Officer or Director — Date