2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000000618

1. Entity Name
PER SCHOLAS, INC.

Principal Place of Business	Mailing Address
1231 LAFAYETTE AVENUE BRONX, NY 10474	3050 BISCAYNE BLVD., SUITE 202 MIAMI, FL 33137

07092007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
04-3252955
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCELLUS, NADINE
3050 BISCAYNE BLVD. SUITE 202
MIAMI, FL 33137

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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 _____ 7/16/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000789390
07/18/07-80005-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	AYALA, PLINIO
STREET ADDRESS	1231 LAFAYETTE AVENUE
CITY-ST-ZIP	BRONX, NY 10474
TITLE	COO
NAME	PULLARO, MICHELLE
STREET ADDRESS	1231 LAFAYETTE AVENUE
CITY-ST-ZIP	BRONX, NY 10474
TITLE	S
NAME	BRAUN, IVAN
STREET ADDRESS	1231 LAFAYETTE AVENUE
CITY-ST-ZIP	BRONX, NY 10474
TITLE	PCFO
NAME	LIANOS, DINO
STREET ADDRESS	1231 LAFAYETTE AVENUE
CITY-ST-ZIP	BRONX, NY 10474
TITLE	C
NAME	STOKEY, JOHN H
STREET ADDRESS	1239 LAFAYETTE AVENUE
CITY-ST-ZIP	BRONX, NY 10474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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.

SIGNATURE: _____ JUL 16 2007 (718) 991-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #