2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90022 044 ***150.00

DOCUMENT # F05000006877

1. Entity Name
EDUCATIONAL SERVICES CENTER, INC.

Principal Place of Business	Mailing Address
2 LOUIS AVE MONSEY, NY 10952	2 LOUIS AVE MONSEY, NY 10952

02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 15-3465911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAFSON, MARTIN 8232 PLAYA DEL SUR BLVD LAKE WORTH, FL 33467	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKEL, ABRAHAM 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEE, IRENE 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS FRANKEL, MARCIA 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FRANKEL, EMANUEL 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Marcia Frankel 3-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

#F05000006877

Division of Corporations

www. .org

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

	This information cannot be changed on the report.
Document Number	F05000006877
Business Entity Name	EDUCATIONAL SERVICES CENTER, INC.
Original File Date	11/22/2005

FEI Number

Principal Address
2 LOUIS AVE
MONSEY, NY 10952

Mailing Address
2 LOUIS AVE
MONSEY, NY 10952

Registered Agent
MARTIN RAFSON
8232 PLAYA DEL SUR BLVD
LAKE WORTH, FL 33467 US

Officer/Director Name And Address

D
ABRAHAM FRANKEL
2 LOUIS AVE
MONSEY, NY 10952

D
IRENE GEE
2 LOUIS AVE
MONSEY, NY 10952

PS
MARCIA FRANKEL
2 LOUIS AVE
MONSEY, NY 10952

VPT
EMANUEL FRANKEL
2 LOUIS AVE
MONSEY, NY 10952

ATTACHMENT # F05000006877

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400351311

DOCUMENT #

1. Corporation Name: Educational Services Center

2. Principal Office Address	**3.** Mailing Office Address
2 Louis Avenue	2 Louis Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Monsey, NY	City & State: Monsey NY
Zip: 10952 Country: USA	Zip: 10952 Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 3-5-06

5. FEI Number: 13-3465691 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Martin Rafson

Street Address (P.O. Box Number Not Acceptable): 8232 Playa Del Sur Boulevard

Suite, Apt. #, Etc.:

City: Lake Worth State: FL Zip Code: 33467

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Abraham Frankel	2 Louis Avenue	Monsey, NY 10952
Dir.	Irene Gee	2 Louis Avenue	Monsey, NY 10952
PS	Marcia Frankel	2 Louis Avenue	Monsey, NY 10952
VPT	Emanuel Frankel	2 Louis Avenue	Monsey, NY 10952

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Marcia Frankel 3-16-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #