

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001397

FILED
Apr 23, 2008
Secretary of State

Entity Name: CENTER OF ACADEMIC PREPARATION TO HIGHER EDUCATION, INC.

Current Principal Place of Business:

9000 WEST BELLFORT STREET
SUITE 300
HOUSTON, TX 77031

New Principal Place of Business:

5959 WEST LOOP SOUTH
SUITE 377
BELLAIRE, TX 77401

Current Mailing Address:

16025 NW 20 AVENUE
MIAMI GARDENS, FL 33054

New Mailing Address:

FEI Number: 76-0654837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, AVIS
16025 NW 20TH AVENUE
MIAMI GARDEN, FL 33054 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: C () Delete
Name: GORDON, AVIS J
Address: 1911 CALUMET STREET
City-St-Zip: HOUSTON, TX 77004

Title: P () Delete
Name: WILSON, FRAZIER
Address: 5222 RIVERSTONE CROSSING
City-St-Zip: SUGARLAND, TX 77479

Title: S () Delete
Name: ANDERSON, DOUGLAS
Address: 1602 BLODGETT, APT 7
City-St-Zip: HOUSTON, TX 77004

Title: T () Delete
Name: GORDON, LEROY
Address: 3610 AVENUE P
City-St-Zip: GALVESTON, TX 77550

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEROY GORDON

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date