

# 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