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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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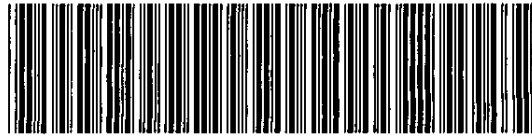
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B McKnight MAR 10 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Antilles School of Technical Careers, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alex R. De Jorge

Name of Person

Firm/Company

4601 Yellow Bay Drive

Address

Kissimmee, Florida 34758

City/State and Zip code

draco24433@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Rosen

Name of Person

at (954) 560-7538

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Antilles School of Technical Careers, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

De Jorge Educational Group

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico 3. 66-0429911
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/23/1986 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. as of this filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4601 Yellow Bay Drive, Kissimmee, Florida 34758
(Principal office address)

4601 Yellow Bay Drive, Kissimmee, Florida 34758
(Current mailing address)

8. educational, post-secondary
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alex R. De Jorge

Office Address: 4601 Yellow Bay Drive

Kissimmee, Florida 34758
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Alex R. De Jorge

Address: 4601 Yellow Bay Drive
Kissimmee, Florida 34758

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Alex R. De Jorge

Address: P.O. Box 8517, Caguas, PR 00726

Vice President: Alex A. De Jorge

Address: 4601 Yellow Bay Drive, Kissimmee, Florida 34758

4601 Yellow Bay Drive, Kissimmee, Florida 34758

Secretary: Carmen M. Rivera

Address: P.O. Box 8517, Caguas PR 00726

Treasurer: Carmen Rojas

Address: P.O. Box 8517, Caguas PR 00726

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Alex R. De Jorge, President

(Typed or printed name and capacity of person signing application)

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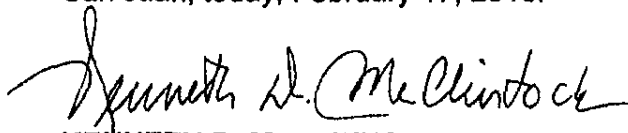
Government of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **KENNETH D. McCLINTOCK**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, pursuant to the provisions of the General Corporation Law, "**ANTILLES SCHOOL OF TECHNICAL CAREERS, INC.**", register number **65157**, a profit corporation organized under the laws of Puerto Rico, has complied with the filing of Annual Reports; therefore, it is in good standing.

IN WITNESS WHEREOF, sign the present and cause to be affixed on it the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, today, February 17, 2010.


KENNETH D. McCLINTOCK
Secretary of State

KMH/tcl
0776206 - \$20.00

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