

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002980

1. Entity Name
CHANCELLOR BEACON ACADEMIES, INC.



Principal Place of Business
**3250 MARY STREET
#202
COCONUT GROVE, FL 33133**

Mailing Address
**C/O LESLIE LAVIN PEÑA
3250 MARY STREET, SUITE 202
COCONUT GROVE, FL 33133**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3466383

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	OLKES, ALAN T
STREET ADDRESS	3250 MARY STREET, #202
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	CD
NAME	VISIEDO, OCTAVIO J
STREET ADDRESS	3250 MARY STREET, #202
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	T
NAME	MONTIEL, JAVIER
STREET ADDRESS	3250 MARY STREET, #202
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D
NAME	DISTLER, STEPHEN
STREET ADDRESS	WARBURG PINCUS 466 LEXINGTON AVE.
CITY-ST-ZIP	NEW YORK, NY 100173147
TITLE	D
NAME	ODDEN, LANCE
STREET ADDRESS	P.O. BOX 1088 - 612 PROSPECT
CITY-ST-ZIP	MANCHESTER VILLAGE, VT 05254
TITLE	D
NAME	MOORHEAD, RODMAN
STREET ADDRESS	WARBURG PINCUS 466 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017

000000001513
01/12/04-80012-006 400.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan T. Olkes

1-06-04

Date

Daytime Phone #