

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90007 034 ***150.00

DOCUMENT # H10483	
1. Entity Name THE ACADEMY AT DAVIE INC.	

Principal Place of Business 4850 S PINE ISLAND RD DAVIE FL 33-3287 US	Mailing Address 2735 AVENUE AU SOLEIL DELRAY BEACH FL 33483-6133 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11043707



MOORE CR2E034 (11/03)

4. FEI Number 59-2503097	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAUFMAN, NINA 2735 AVE AU SOLEIL GULFSTREAM FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nina Kaufman NINA KAUFMAN 6/23/04 561 479-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MURRAY J COHEN
P.C.

MURRAY J COHEN P.C.
TEL: 561-482-9682
FAX: 561-482-9682

44049767

H10483

06/22/2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: THE ACADEMY AT DAVIE, INC
FEI 59-2503097

I HAVE JUST BEEN ENGAGED BY THE ABOVE CORPORATION AS THEIR ACCOUNTANT. THE ACCOUNTANT WHO FORMERLY DID THEIR ACCOUNTING IS SERIOUSLY ILL WITH PANCREATIC CANCER AND NOT EXPECTED TO RECOVER.

HE HAS BEEN IN AND OUT OF THE HOSPITAL FOR ABOUT A YEAR AND WE FEAR HE MAY NOT COME HOME FROM THIS LAST HOSPITAL VISIT.

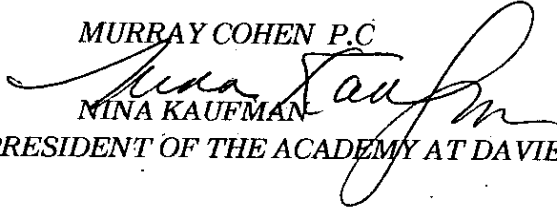
THE WAY THE COMPANY OPERATED WITH THIS ACCOUNTANT WAS TO SENT EVERYTHING TO HIS OFFICE, INCLUDING CHECKS WHICH HAVE TO BE MAILED WITH RETURNS.

IN THE MATTER OF THE ANNUAL REPORT THE FORM AND CHECK WERE SENT TO HIM PRIOR TO MAY 1, 2004 AND WE REALIZED THAT NO CHECK CLEARED THE BANK.

WE BELIEVE BECAUSE OF THIS UNUSUAL HAPPENING THAT NO PENALTY SHOULD APPLY TO A LATE FILING.

ENCLOSED PLEASE FIND FORM AND CHECK IN THE AMOUNT OF \$ 150.00

RESPECTFULLY,

MURRAY COHEN P.C.

NINA KAUFMAN
PRESIDENT OF THE ACADEMY AT DAVIE INC.