2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031682

Title:

Name:

Address:

City-St-Zip:

MGR

() Delete

POITIER, ARLEEN L

1284 NE 92ND STREET

MIAMI SHORES, FL 33138

FILED Aug 26, 2004 Secretary of State

() Change () Addition

Entity Name: MAT TUTORIAL SERVICES, LLC **Current Principal Place of Business: New Principal Place of Business:** 6005 NW 170TH TERRACE MIAMI LAKES, FL 33015 **Current Mailing Address: New Mailing Address:** 6005 NW 170TH TERRACE MIAMI LAKES, FL 33015 FEI Number: 51-0481248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, RUBEN T 166 NE 96TH STREET MIAMI SHORES, FL 33138 US 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 **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Delete () Change () Addition ONONUJU, MAUREEN N Name: Name: Address: 6005 NW 170TH TERRACE Address: City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MAXWELL, TERRY A Name: Address: 7900 NW 6TH STREET, UNIT 106 Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MAUREEN ONONUJU **MGRM** 08/26/2004