
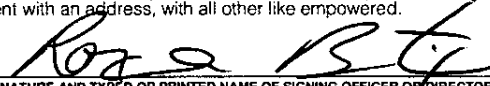


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90036 011 ***158.75

DOCUMENT # M17056 1. Entity Name MODERN SCHOOLS INTERNATIONAL, INC.			
Principal Place of Business 100 NORTHWEST 37TH AVE. 2ND FLR MIAMI FL 33125 US		Mailing Address 100 NORTHWEST 37TH AVE. 2ND FLR MIAMI FL 33125 US	
2. Principal Place of Business 6401 S.W. 87 AVE.		3. Mailing Address 6401 S.W. 87 AVENUE	
Suite, Apt. #, etc. SUITE # 108		Suite, Apt. #, etc. SUITE 108	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33173	Country U.S.A.	Zip 33173	Country U.S.A.
6. Name and Address of Current Registered Agent D'ANGELO, REGINA 100 NW 37 AVE. MIAMI FL 33125		7. Name and Address of New Registered Agent Name D'ANGELO, REGINA Street Address (P.O. Box Number is Not Acceptable) 6401 S.W. 87 AVENUE SUITE # 108 City MIAMI, FL Zip Code 33173	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD D'ANGELO, REGINA 100 NW 37 AVE. MIAMI FL 33125	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUNTINX, ROXANA 434 CADIMA AVE CORAL GABLES FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/26/04 305-598-8188 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



MOORE CR2E034 (11/03)