

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003283

FILED
Feb 10, 2005
Secretary of State

Entity Name: EDUCARE A TO Z INC.

Current Principal Place of Business:

17700 NW 27TH AVE
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

17700 NW 27TH AVE
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 65-1014956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, DONALD J ESQ.
317 71ST STREET
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, GEORGE
Address: 1160 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: MILLER, REGLA
Address: 1160 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Delete
Name: MILLER, LISA
Address: 1160 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE MILLER

D

02/10/2005

Electronic Signature of Signing Officer or Director

Date