

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006145

FILED
Jan 29, 2009
Secretary of State

Entity Name: THE ALLIANCE FOR EDUCATION, INC.

Current Principal Place of Business:

8100 N. UNIVERSITY DRIVE
SUITE 101
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8100 N. UNIVERSITY DRIVE
SUITE 101
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-1042013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABIN, MOSHE Y
2898 NW 95 AVE
CORAL SPRINGS, FL 33065 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: WEINSTEIN, PHILLIP
Address: 2482 N. STATE RD. 7
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: POLLACK, JAY
Address: 3430 NW 21ST ST.
City-St-Zip: COCONUT CREEK, FL 33066

Title: DST () Delete
Name: ZALMAN BUKIET, RABBI
Address: 9205 TIVOLI PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: SASLAFSKY, MARIANA
Address: 20178 PALM ISLAND DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

Title: PD () Delete
Name: RABIN, MOSHE
Address: 2898 NW 95 AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: D () Change (X) Addition
Name: MARGOLIS, DEVORA L
Address: 8793 NW 35TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MOSHE RABIN

MR

01/29/2009

Electronic Signature of Signing Officer or Director

Date