2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001626

FILED Apr 24, 2003 Secretary of State

Entity Name: DORIS VON WEDEL EDUCATION DEVELOPMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

11820 NE 13 AVE MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

11820 NE 13 AVE P O BOX 530088

MIAMI, FL 33161 MIAMI SHORES, FL 33153

FEI Number: 03-0394859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VON WEDEL, RONALD A
11820 NE 13 AVE
MIAMI, FL 33161

VON WEDEL - ALVARADO, TAMARA
1665 NE 104TH STREET
MIAMI SHORES, FL 33138

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: TAMARA VON WEDEL - ALVARADO 04/24/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 VON WEDEL ALVARADO, TAMARA
 Name:
 VON WEDEL ALVARADO, TAMARA

 Address:
 11820 NE 13 AVE
 Address:
 1665 NE 104TH STREET

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI SHORES, FL 33138

Title: D () Delete Title: D (X) Change () Addition Name: VON WEDEL, RONALD A Name: JUAN RAFAEL, ALVARADO

 Address:
 11820 NE 13 AVE
 Address:
 1665 NE 104TH STREET

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI SHORES, FL 33138

Title: D () Delete Title: () Change () Addition Name: CONDE, ROSARIO Name:

 Name:
 CONDE, ROSARIO
 Name:

 Address:
 11820 NE 13 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SARAH, COLLINS

 Address:
 Address:
 1665 NE 104TH STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI SHORES, FL 33138

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: TAMARA VON WEDEL ALVARADO D 04/24/2003