2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009634

City-St-Zip:

Title:

Name:

Address: City-St-Zip: NAPLES, FL 34108

CARDONA, DAVID

() Delete

447 NW SPANISH RIVER BLVD

BOCA RATON, FL 33431

Entity Name: SPANISH ACADEMIES. INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 447 NW SPANISH RIVER BLVD BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 447 NW SPANISH RIVER BLVD BOCA RATON, FL 33431 FEI Number: 82-0589149 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: SEIDMAN, MARVIN B CARDONA, LEO S DR. 2600 SW 3RD AVE., SUITE 800 B 50 SW 10TH DRIVE MIAMI, FL 33129 BOCA RATON, FL 33486 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: DR. LEO S. CARDONA 04/28/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CARDONA, LEO DR Name: Name: 447 NW SPANISH RIVER BLVD Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: SMITH, JUDITH A Name: Address: 447 NW SPANISH RIVER BLVD Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition WHITNEY, ELIZABETH A Name: Name: 1823 GOLDEN PONDS DR. Address: Address: City-St-Zip: FT. PIERCE, FL 34945 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: GARCIA, BERNARDO Name: 557 106TH AVE. NORTH Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH A. SMITH VD 04/28/2004

() Change () Addition