

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 018 ****61.25



DOCUMENT # N03000001793
 1. Entity Name
MUSKATEER'S ACADEMY INC.

Principal Place of Business
**7991 WEST 25TH COURT
 HIALEAH, FL 33016**

Mailing Address
**7991 WEST 25TH COURT
 HIALEAH, FL 33016**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
5808 W 20 AVE
 Suite, Apt. #, etc.
SUITE A
 City & State
MIAMI, FL
 Zip
33016

Country
United States



06092004 Chg-NP CR2E037 (10/03)

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CERMENO, JACQUELINE
 5395 WEST 14TH AVENUE
 HIALEAH, FL, FL 33012**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERMENO, ERICK 5395 WEST 14TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALES, MARIA 1382 W. 39 PL HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NELSON, A. MICHAEL 2902 COLBERT CIRCLE MELBOURNE, FL 32901 (TREASURER)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKELINE CERMENO 5395 W. 14 AVE HIALEAH, FL 33012 (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 617, 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: Jacqueline Cermeno 06-10-04 786-4173525
Signature and typed or printed name of signing officer or director Date Daytime Phone #

JACQUELINE CERMENO

Attachment
44046534

N0300000179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

OD/Bed
@ 9/5/03



900022520979

08/29/03--01014--007 **35.00

FILED
03 AUG 29 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CD/Doc # 44046534

ND300000179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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@ 9/5/03



800022520988

08/29/03-01014-008 **35.00

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03 AUG 29 PM 2:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

Attachment
44046534

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUSKATEER'S ACADEMY, INC
(Name of Corporation)

DOCUMENT NUMBER: NO 3000001793

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA Visher
(Name of Person)

(Name of Firm/Company)

1865 NE 207 ST
(Address)

MIAMI FL 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

ANNA Visher at (305) 624 5656
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
03 AUG 29 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment
44046534

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ANNA Visher hereby resign as SECRETARY-DIRECTOR
(Title)

of MUSKATEERS' ACADEMY INC.
(Name of Corporation)

NO3000001793 a corporation organized under the laws of the State of
(Document Number, if known)

FL

Anna Maria Visher
(Signature of resigning officer/director)

FILED
03 AUG 29 PM 2:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attachment
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUSKATEER'S ACADEMY INC
(Name of Corporation)

DOCUMENT NUMBER: N03000001793

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNNY A. ALEXANDER
(Name of Person)

(Name of Firm/Company)

1510 SW 187 AVE
(Address)

PEMBROKE PINES FL 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Johnny Alexander at (305) 624 5656
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

#NO3000001793 *Attachment*
44046534

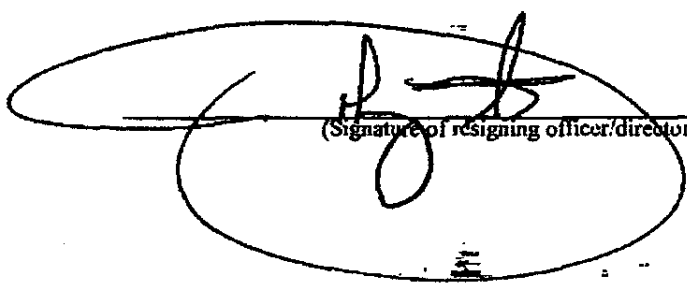
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Johnny A. Alexander, hereby resign as V.P. - DIRECTOR
(Title)

of Muskateer's Academy INC.
(Name of Corporation)

NO3000001793, a corporation organized under the laws of the State of
(Document Number, if known)

FL.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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Tallahassee, Florida 32314