

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90001 026 ****61.25

DOCUMENT # N03000005883

1. Entity Name
WILDLIFE EDUCATION, INC.



Principal Place of Business
**17910 NW 84 AVE
MIAMI, FL 33015-2608**

Mailing Address
**17910 NW 84 AVE
MIAMI, FL 33015-2608**

50053075



2. Principal Place of Business

3. Mailing Address

above
Suite, Apt. #, etc.

above
Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

above
City & State

above
City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

above
Zip

Country
USA

above
Zip

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGERMAN, ALAN W
17910 NW 84 AVE
MIAMI, FL 33015-2608**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 4, 2005**

Sept 7, 05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RIGERMAN, ALAN W
STREET ADDRESS 17910 NW 84 AVE
CITY-ST-ZIP MIAMI, FL 330152608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENRIQUEZ, MICHAEL
STREET ADDRESS 19842 NW 88TH AVENUE
CITY-ST-ZIP MIAMI, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ENRIQUE, MICHAEL
STREET ADDRESS 16530 BRIDGEEND RD.
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alan Rigerman

ALAN RIGERMAN

9-21-05

305 558-7305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #