

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006471

**FILED**  
**Mar 30, 2004**  
**Secretary of State****Entity Name:** MUSKETEER COMMUNITY LEARNING CENTER, INC.**Current Principal Place of Business:**850 IVES DAIRY ROAD., PMB #417  
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**850 IVES DAIRY ROAD., PMB #417  
MIAMI, FL 33179**New Mailing Address:****FEI Number:** 32-0086631**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JANNIS, OLIVIA  
1550 N.W. 1234TH STREET  
MIAMI, FL 33167 US**Name and Address of New Registered Agent:**JANNIS, OLIVIA  
1550 N.W. 134TH STREET  
MIAMI, FL 33167 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: OLIVIA JANNIS

03/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JANNIS, OLIVIA  
Address: 1550 N.W. 131 STREET  
City-St-Zip: MIAMI, FL 33167

Title: VD ( ) Delete  
Name: GRAHAM, TARSHA  
Address: 99 N.W. 183RD STREET., #118  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: GREEN, SOUVENANCE B  
Address: 5563 N.W. 189TH STREET  
City-St-Zip: MIAMI, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JANNIS, OLIVIA  
Address: 1550 N.W. 134 STREET  
City-St-Zip: MIAMI, FL 33167

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

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

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: OLIVIA JANNIS

PD

03/30/2004

Electronic Signature of Signing Officer or Director

Date