# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 13, 2005**
**Secretary of State**

DOCUMENT# N04000006488

**Entity Name:** SOUTH FLORIDA INTERNATIONAL ACADEMY OF BUSINESS, INC

**Current Principal Place of Business:**

2035 ISLAND BROOK LANE
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 616592
ORLANDO, FL 32861

**New Mailing Address:**

**FEI Number: 20-1388800** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

STIGGONS, GERALD
4801 BALBOA DRIVE
ORLANDO, FL 32808 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | C/CE | ( ) Delete |
| Name: | STIGGONS, GERALD C | |
| Address: | P.O. BOX 616592 | |
| City-St-Zip: | ORLANDO, FL 32861 | |
| Title: | P | ( ) Delete |
| Name: | STIGGONS, SEAN P | |
| Address: | P.O. BOX 616592 | |
| City-St-Zip: | ORLANDO, FL 32861 | |
| Title: | TRS | ( ) Delete |
| Name: | RAMOS, ANN T | |
| Address: | P.O BOX 616592 | |
| City-St-Zip: | ORLANDO, FL 32861 | |
| Title: | DIR | ( ) Delete |
| Name: | FRANKLIN, ROBERT D | |
| Address: | P.O. BOX 616592 | |
| City-St-Zip: | ORLANDO, FL 32861 | |
| Title: | DIR | ( ) Delete |
| Name: | NICOLAS, HOWARD D | |
| Address: | P.O. BOX 616592 | |
| City-St-Zip: | ORLANDO, FL 32861 | |
| Title: | DIR | ( ) Delete |
| Name: | SMITMAN, GREGG D | |
| Address: | P.O. BOX 616592 | |
| City-St-Zip: | ORLANDO, FL 32861 | |

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

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: ROBERT E. FRANKLIN DIR 05/13/2005

Electronic Signature of Signing Officer or Director — Date