

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N04000008307

1. Entity Name
COSMOPOLITAN EDUCATION CENTER, INC.



Principal Place of Business
**3003 NW 207TH ST.
MIAMI GARDENS, FL 33056**

Mailing Address
**P. O. BOX 3555
HOLLYWOOD, FL 33083**



04042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1563747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YATES, CHRISTINE P ESQ.
C/O TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301**

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IN THIS SPACE**

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 reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERNICE, FRANCA
STREET ADDRESS	1000 PARKVIEW DRIVE, APT. 120
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	D
NAME	ADDERLEY, CHARLES
STREET ADDRESS	5394 SW 21ST STREET
CITY-ST-ZIP	W. HOLLYWOOD, FL 33023

TITLE	D
NAME	ADDERLEY, GURTHA
STREET ADDRESS	5394 SW 21ST STREET
CITY-ST-ZIP	W. HOLLYWOOD, FL 33023

TITLE	D
NAME	WILLIAMS, LARRY
STREET ADDRESS	20101 NW 14TH COURT
CITY-ST-ZIP	MIAMI GARDENS, FL 33169

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/07-80007-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles Adderley Charles Adderley 4-5-07 (305) 624-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #