


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90032 023 \*\*\*\*61.25

<b>DOCUMENT # N04000008307</b> 1. Entity Name <b>COSMOPOLITAN EDUCATION CENTER, INC.</b>					
Principal Place of Business <b>3003 NW 207TH ST. MIAMI GARDENS, FL 33056</b>				Mailing Address <b>P. O. BOX 3555 HOLLYWOOD, FL 33083</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>YATES, CHRISTINE P ESQ. C/O TRIPP SCOTT, PA 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PERNICE, FRANCA</b> <b>1000 PARKVIEW DRIVE, APT. 120</b> <b>HALLANDALE, FL 33009</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ADDERLEY, CHARLES</b> <b>5394 SW 21ST STREET</b> <b>W. HOLLYWOOD, FL 33023</b>			<input type="checkbox"/> Delete	<b>D</b> <b>JOHNSON, SHERRI</b> <b>20600 NW 9TH PL</b> <b>MIAMI GARDENS, FL 33169</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ADDERLEY, GURTHA</b> <b>5394 SW 21ST STREET</b> <b>W. HOLLYWOOD, FL 33023</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WILLIAMS, LARRY</b> <b>20101 NW 14TH COURT</b> <b>MIAMI GARDENS, FL 33169</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: Charles Adderley</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>CHARLES ADDERLEY</b> <small>Date</small>	
				<b>4/28/08 (954) 987-0185</b> <small>Daytime Phone #</small>	