

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008307

FILED
Apr 24, 2009
Secretary of State

Entity Name: COSMOPOLITAN EDUCATION CENTER, INC.

Current Principal Place of Business:

3003 NW 207TH ST.
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3555
HOLLYWOOD, FL 33083

New Mailing Address:

FEI Number: 20-1563747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: D () Delete
Name: JOHNSON, SHERRI
Address: 20600 NW 9TH PL
City-St-Zip: MIAMI, FL 33169 US

Title: D () Delete
Name: ADDERLEY, CHARLES
Address: 5394 SW 21ST STREET
City-St-Zip: W. HOLLYWOOD, FL 33023 US

Title: D () Delete
Name: ADDERLEY, GURTHA
Address: 5394 SW 21ST STREET
City-St-Zip: W. HOLLYWOOD, FL 33023 US

Title: D () Delete
Name: WILLIAMS, LARRY
Address: 20101 NW 14TH COURT
City-St-Zip: MIAMI GARDENS, FL 33169 US

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHERRI JOHNSON

OFF

04/24/2009

Electronic Signature of Signing Officer or Director

Date