2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State
05-03-2005 90125 007 ****61.25

DOCUMENT # N04000011951

1. Entity Name
THE DIPLOMATIC & CONSULAR ACADEMY CORPORATION

Principal Place of Business	Mailing Address
1311 SW CEDAR TERRACE BOCA RATON FL 33486	1311 SW CEDAR TERRACE BOCA RATON FL 33486

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
225 NE Mizner Blvd.	225 NE Mizner Blvd.
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number: 20-2089977 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUIRK, JOHN P 1311 SW CEDAR TERRACE BOCA RATON FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 John P Quirk
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	QUIRK, JOHN	NAME	
STREET ADDRESS	1311 SW CEDAR TERRACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARRASCO, CARLOS AMB	NAME	
STREET ADDRESS	130 ALBERT STREET., SUITE 416	STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, ONTARIO CANADA K1 95G4	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ETEBARIAN, TANNAZ	NAME	
STREET ADDRESS	11906 CASTLEGATE COURT	STREET ADDRESS	5101 Collins Ave. #9E
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 no address, with all other like empowered.

SIGNATURE: _____ 4/25/05 561-620-3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #