

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001751

FILED
Apr 27, 2007
Secretary of State

Entity Name: INTELLIBEE SCHOOL, INC.

Current Principal Place of Business:

1940 BAY DRIVE STE 11
MIAMI BCH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1940 BAY DRIVE STE 11
MIAMI BCH, FL 33141

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIAS, ARMANDO
1940 BAY DRIVE STE 11
MIAMI BCH, FL 33141 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: P () Delete
Name: ELIAS, ARMANDO
Address: 1940 BAY DRIVE STE 11
City-St-Zip: MIAMI BCH, FL 33141

Title: V () Delete
Name: WEISS, SHIRLY
Address: 1940 BAY DRIVE STE 23
City-St-Zip: MIAMI BCH, FL 33141

Title: S () Delete
Name: ELIAS, LILIAN
Address: 1940 BAY DRIVE STE 11
City-St-Zip: MIAMI BCH, FL 33141

Title: D () Delete
Name: SANCHEZ, CECILIA
Address: 10744 SW 88 ST
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MESSIR, MARISOL
Address: 6944 NW 113 PL
City-St-Zip: DORAL, FL 33178

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:

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: ARMANDO ELIAS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date