2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # N05000004872 04-08-2005 90052 013 ***150.00 ABC'S & 123'S LEARNING ACADEMY, INC. Principal Place of Business Mailing Address 1011 NW 64TH STREET 1011 NW 64TH STREET MIAMI, FL 33150 MIAMI, FL 33150 2. Mailinn Arldrass 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #. etc. 04012005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHERNEA MACK, CHERNEZ T Street Address (P.O. Box Number is Not Acceptable) 101T NW 64TH STREET MIAMI, FL 33150 City Zip Code Imits 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 obligation SIGNATURE egistered agent and title if a \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ enange ☐ Addition TITLE mact, Andrew Jul. MACK, ANDREW J JR NAME NAME 1011 NW 64TH STREET STREET ADDRESS STREET ADDRESS PO BOX 541058 CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME MACK, CHERNEA T NAME mack, thernea-STREET ADDRESS STREET ADDRESS 1011 NW 64TH STREET MIAMI, FL 33150 CITY-ST-ZE CITY-ST-ZIP ☐ Change ☐ Defete ШŒ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 TILLE ☐ Change ■ Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change | Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3Xi), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an example with an address, with all other like empowered. **SIGNATURE**

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