2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# N06000005175

Entity Name: MCA ACADEMY, INC.

Current Principal Place of Business:

2860 OAK AVENUE
MIAMI, FL 33133

New Principal Place of Business:

2860 OAK AVENUE
MIAMI, FL 33133 US

Current Mailing Address:

2860 OAK AVENUE
MIAMI, FL 33133

New Mailing Address:

2860 OAK AVENUE
MIAMI, FL 33133 US

FEI Number: 20-5389782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KISHLAR, BRIGITTE
2860 OAK AVENUE
MIAMI, FL 33133 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: TPVS ( ) Delete
Name: KISHLAR, BRIGITTE
Address: 3505 WILDWOOD CIR
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete
Name: KISHLAR, BRIGITTE
Address: 3505 WILDWOOD CIR
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete
Name: AYRAMDJAN, ALAIN
Address: 3, RUE DES DAMES AUGUSTINES
City-St-Zip: 92200 NEUILLY, FRANCE,

Title: T ( ) Delete
Name: AYRAMDJAN, ALBERT
Address: 1 BIS HAMEAU BOILEAU
City-St-Zip: 75016 PARIS, FRANCE,

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: BRIGITTE KISHLAR TPVS 04/03/2008
Electronic Signature of Signing Officer or Director — Date