

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 17, 2008**  
**Secretary of State**

DOCUMENT# N06000009777

**Entity Name:** PYTHAGORAS MATH AND GENERAL TUTORING, INC.**Current Principal Place of Business:**1421 SW 107 AVE. # 129  
MIAMI, FL 33174**New Principal Place of Business:**1421 SW 107 AVE. # 129  
MIAMI, FL 33174 US**Current Mailing Address:**1421 SW 107 AVE. # 129  
MIAMI, FL 33174**New Mailing Address:**1421 SW 107 TH AVENIDA #129  
MIAMI, FL 33174 US**FEI Number:** 51-0575620**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**CORNAVACA, ANA L  
10384 WEST FLAGLER STREET  
MIAMI, FL 33174 US**Name and Address of New Registered Agent:**CORNAVACA, ANA L  
1421 SW 107TH AVENIDA #129  
MIAMI, FL 33174 US

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: ANA L. CORNAVACA

05/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CORNAVACA, ANA L  
Address: 490 NW 58TH COURT  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: HERNANDEZ, AIDA M  
Address: 3169 SW 24 ST  
City-St-Zip: MIAMI, FL 33145

Title: SD ( ) Delete  
Name: MACIAS, EDGARD  
Address: 3081 NW 6 ST.  
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete  
Name: MALTES, JUAN  
Address: 202 SW 102 AVE  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HERNANDEZ, AIDA M  
Address: 3169 SW 24 ST  
City-St-Zip: MIAMI, FL 33145

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: ANA L. CORNAVACA

PD

05/17/2008

Electronic Signature of Signing Officer or Director

Date