

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002239

FILED  
Aug 16, 2008  
Secretary of State

Entity Name: EDUCATION 4 ALL, INC.

**Current Principal Place of Business:**

2911 SE 12 RD  
HOMESTEAD, FL 33035

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 172061  
HIALEAH, FL 33017

**New Mailing Address:**

FEI Number: 20-8599286      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VARGAS, ADONIRAM  
18622 NW 46 AVE  
MIAMI GARDENS, FL 33055      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CHOY, SUSANA  
Address: 2911 SE 12 RD  
City-St-Zip: HOMESTEAD, FL 33035

Title: S      ( ) Delete  
Name: SANCHEZ, ROSARIO  
Address: 18622 NW 46 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VT      ( ) Delete  
Name: VARGAS, ADONIRAM  
Address: 18622 NW 46 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

**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:

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: ADONIRAM VARGAS

VT

08/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date