

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002358

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** EDUC' ACTIONJEL A-Z INTERNATIONAL, INC.

**Current Principal Place of Business:**

259 SE NANCY LANE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 640046  
N. MIAMI, FL 33164

**New Mailing Address:**

641234  
N. MIAMI, FL 33164

**FEI Number:** 74-3260713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUXAMA, JEAN E.  
2345 NE 135 ST., APT. 300  
N. MIAMI, FL 33161 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: DT ( ) Delete  
Name: LUXAMA, JEAN E.  
Address: 2345 NE 135 ST., APT. 300  
City-St-Zip: N. MIAMI, FL 33161

Title: TS ( ) Delete  
Name: CHARLES, YOLLETTE MARIE  
Address: 13285 NE 6TH AVE.  
City-St-Zip: N. MIAMI, FL 33161

Title: TT ( ) Delete  
Name: PETIT HOMME, YOLLETTE  
Address: 3141 NW 47 TER  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete  
Name: PETIT HOMME, ANNE ROSE  
Address: 4110 NW 78 WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: LUXAMA, BEAUDRY  
Address: 4383 NW 167 TER  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: ALTIDOR, ANDRENICE  
Address: 522 NATHAN HALE  
City-St-Zip: WEST PALM BEACH, FL 33405

**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:

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: JEAN ELITHERE LUXAMA

DT

04/28/2009

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

\_\_\_\_\_  
Date