

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004292

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** HERITAGE INSTITUTE FOR EDUCATION, INCORPORATED

**Current Principal Place of Business:**

10701 SW 146 COURT  
MIAMI, FL 33186

**New Principal Place of Business:**

14510 SW 35 STREET  
MIRAMAR, FL 33027

**Current Mailing Address:**

10701 SW 146 COURT  
MIAMI, FL 33186

**New Mailing Address:**

14510 SW 35 STREET  
MIRAMAR, FL 33027

**FEI Number:** 65-0776623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAMRA, ABDUL H DR.  
14510 SW 35TH STREET  
MIRAMAR, FL 33027 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: PD ( ) Delete  
Name: SAMRA, ABDUL H  
Address: 17431 SW 35 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: SD ( ) Delete  
Name: ABBARA, MUHAMMAD R  
Address: 10701 S.W. 146TH COURT  
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete  
Name: SAMRA, ABDUL H  
Address: 17431 SW 35 STREET  
City-St-Zip: MIRAMAR, FL 33027

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

Title: PD (X) Change ( ) Addition  
Name: SAMRA, ABDUL H  
Address: 14510 SW 35 STREET  
City-St-Zip: MIRAMAR, FL 33027

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

Title: TD (X) Change ( ) Addition  
Name: SAMRA, ABDUL H  
Address: 14510 SW 35 STREET  
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ABDUL H. SAMRA

PD

04/26/2005

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

\_\_\_\_\_  
Date