## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P00000021976  STIONAL AMERICAN ACADEMY OF OLOGY, INC.		Secretary of State
Principal Plac 8000 N.W. 3 SUITE #9 MIAMI, FL 3	= - \$UITE #9		
DO NOT WRITE IN THIS SPACE			
PEREZ-CO 10305 NW #120 MIAMI, FL			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature types of printed name of registered agent and title if explicable  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-SY-ZIP	OFFICERS AND DIRECTORS  PD PEREZ-CONDE, ISIDRO 5300 NW 224 AVE., SUITE 109 MIAMI, FL 33178		
TITLE NAME STREET ADDRESS CITY+S1-ZIP			U00000359108 05/04/05-80141-022 150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		Per di	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			