2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # P0000030692 1. Entity Name 03-22-2006 90024 021 ***150.00 FLORIDA PROFESSIONAL SCHOOL SERVICES, INC. Principal Place of Business Mailing Address 2772 SW 137 AVE. 2772 SW 137 AVE. **MIAMI FL 33175** MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 65-0994824 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, MIGUEL A 2772 SW 137 AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33175 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete FERNANDEZ, HIBUEL A. 15391 SW 23 LN Maini, Fl 39/85 Change Addition TITLE NAME FERNANDEZ, MIGUEL A NAME STREET ADDRESS STREET ADDRESS 14862 SW 32 LANE CITY-ST-7IP MIAMI FL 33185 CITY-ST-ZIP VP FERNANDEZ, Daima TITLE DS ☐ Delete TITLE Addition NAME FERNANDEZ, DAIMA NAME 15391 SW 23 CN planin, Fl 39185 STREET ADDRESS 14862 SW 32 LANE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33185 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME GUIGNARD, ALEXANDER MAME STREET ADDRESS STREET ADDRESS 640 WET HALLANDALE BEACH BLVD CITY-ST-ZIP HALLANDALE BEACH FL 33009 CITY-ST-ZIP S Delete Change ☐ Addition NAME GARDNER, TANIA NAME STREET ADDRESS 640 HALLANDALE BEACH BLVD STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 oath; that I am an officer of director of the corporation or the receiver or trustee 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3/19/66 305-976-9146 Daytine Phone #