

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000091817

1. Entity Name
CAMBRIDGE EVALUATION SERVICE, INC.



Principal Place of Business
2001 NE 62 STREET
FORT LAUDERDALE, FL 33308

Mailing Address
2001 NE 62 STREET
FORT LAUDERDALE, FL 33308



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1047003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, THERESE L ED.D.
2001 N.E. 62 STREET
FORT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVST
NAME STEWART, THERESE L
STREET ADDRESS 2001 N.E. 62 STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000337526
04/27/05-80171-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 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: Therese L. Stewart Therese L. Stewart 4/27/05 954-772-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #