

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90237 033 ***158.75

DOCUMENT # P00000114945 1. Entity Name ACADEMIC ALTERNATIVE HIGH SCHOOL, INC.																																																																																																																																			
Principal Place of Business 2300 N. DIXIE HWY BOCA RATON, FL 33431			Mailing Address 9273 SW 8TH STREET SUITE 122 BOCA RATON, FL 33428																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 59-3692979																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional -- Fee Required --																																																																																																																															
6. Name and Address of Current Registered Agent MICHAEL C. KLASFELD, P.A. 2300 N. DIXIE HWY BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Sheldon KLASfeld Street Address (P.O. Box Number is Not Acceptable) 2300 N. Dixie Highway City Boca Raton FL Zip Code 33431																																																																																																																															
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 <u><i>Sheldon KLASfeld</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4/20/04																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PVST</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">KLASFELD, SHELDON</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">2300 N. 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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: <u><i>Sheldon KLASfeld</i></u> DATE 4/20/04 DAYTIME PHONE # 561-929-0333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			