

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009287

Entity Name: CUSTOM EDUCATION, INC.

FILED  
Mar 15, 2004  
Secretary of State

**Current Principal Place of Business:**

4531 WEST HIAWATHA STREET  
TAMPA, FL 33614

**New Principal Place of Business:**

15802 SAPWOOD ST.  
TAMPA, FL 33624

**Current Mailing Address:**

4531 WEST HIAWATHA STREET  
TAMPA, FL 33614

**New Mailing Address:**

15802 SAPWOOD ST.  
TAMPA, FL 33624

FEI Number: 59-3692262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: POLO, ANDREA  
Address: 4531 WEST HIAWATHA STREET  
City-St-Zip: TAMPA, FL 33614

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

Title: PSTD (X) Change ( ) Addition  
Name: CACCIATORE (POLO), ANDREA M  
Address: 15802 SAPWOOD ST  
City-St-Zip: TAMPA, FL 33624

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA CACCIATORE (POLO)

PSTD

03/15/2004

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

\_\_\_\_\_ Date