FILED
Jun 09, 2003 8:00 am
Secretary of State

04-21-2003 91048 042 ***150.00

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[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079324

1. Entity Name
DISCOVERY ACHIEVEMENT CENTER, INC.

(L)

Principal Place of Business	Mailing Address
1437 WEST 49 ST HIALEAH FL 33012	1437 WEST 49 ST HIALEAH FL 33012

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1129350 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENA, MARIA D 5390 W. 21 CT., #412 HIALEAH FL 33016	Name: Leticia M. Garcia Street Address (P.O. Box Number Is Not Acceptable): 17221 NW 72 ave City: Hialeah FL Zip Code 33015

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 Leticia Garcia 5/05/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	MENA, MARIA D	NAME	Leticia Mena Garcia
STREET ADDRESS	5390 W. 21 CT., #412	STREET ADDRESS	17221 NW 72ave
CITY-ST-ZIP	HIALEAH FL 33016	CITY-ST-ZIP	Hialeah, Fl. 33015
TITLE	STD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MENA, MANUEL R	NAME	~~Leticia Mena Garcia~~
STREET ADDRESS	5390 W. 21 CT., #412	STREET ADDRESS	~~17221 NW 72ave~~
CITY-ST-ZIP	HIALEAH FL 33016	CITY-ST-ZIP	~~Hialeah, Fl. 33015~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED Leticia Garcia 1-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #