Fr.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

	ANNUAL REPORT		Secretary of State
1. Entity Nam			05-03-2004 90419 040 ***150.00
ACADEM	IA I, CORP.		
Principal Place of Business 2655 to Texas Mailing Address 2655 to Jewe Mailing Address			
Principal Place of Business 3655 le Jene Mailing Address 2742 BISCAYNE BLVD. MIAMI, FL 33137 St 30-6 MIAMI, FL 33137 Corol Gables Ft 33-37			
Cord Gubbs Fr 33134 Cont Gables Fr 3334			
	O NOT WRITE IN THIS SPA	CE.	04302004 No Chg-P CR2E034 (10/03)
DO NOT WHITE IN THIS SPACE			4. FEI Number Applied For 65-1148627 Not Applicable
			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent		
GRISALES	GRASINI, OSCAR Jaqueline local go		DO NOT WRITE
SUITE 700 MIAMLEL 33131 STATE SECTION TO SUITE 700 MIAMLEL 33131			
MAINITAL	GRASINI, OSCAR Jaqueline lock Sis GELAVENUE 2655 Le Jeine Road 33131 State Coral 6. Sles R. 33134		
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 Signature propertor printed name of registered agent and title if applicable. (MoTE: Bedistered Agent/signature refusited when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
	ay 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	Aug	led to rees
TITLE	OFFICERS AND DIRECTORS PD		
NAME STREET ADDRESS	BRUKMAN, EDUARDO R 9781 EAST BAY HARBOR DRIVE	i the	
City-St-ZIP	BAY HARBOR ISLAND, FL 33154	-	
TITLE NAME	VSD DE BRUKMAN, VIVIAN NORA	e de	
STREET ADDRESS CITY-ST-ZIP	9781 EAST BAY HARBOR DRIVE		
TITLE	BAY HARBOR ISLAND, FL 33154		
NAME STREET ADDRESS	, v		
CITY-ST-ZIP			DO NOT WRITE
TITLE NAME	,		IN THIS SPACE
STREET ADORESS			
CITY-ST-ZIP TITLE			
NAME STREET ADDRESS			
C/TY-ST-ZIP		1	
TITLE NAME			
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
12. I hereby	Letrify that the information supplied with this filing does not qualify for the except of supplemental report is true and accurate and that my signal	emption stated in Se	ection 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 Change 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: Jambe Cofm (10 305 350 0725 4/30/64)			
JIGHAI	SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIREC	TOR	Date Daytime Phone #