## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P01000107081  1. Entity Name COLEGIO EL PLACER, INC.  Principal Place of Business  804 CYPRESS GROVE LN BLD 123  # 207 POMPANO BCH, FL 33069  Mailing Address  804 CYPRESS GROVE LN BLD 123  # 207 POMPANO BCH, FL 33069	ace of Business Mailing Address ESS GROVE LN BLD 123 804 CYPRESS GROVE LN BLD 123 # 207 BCH, FL 33069 POMPANO BCH, FL 33069	1. Entity Name COLEGIO EL PLACER, INC.  Principal Place of Business  804 CYPRESS GROVE LN BLD 123  # 207  Mailing Address  804 CYPRESS GROVE LN BLD 123  # 207
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature. Typed or preted name of registered agent and bill 4 applicable. (MOTE: Regulated Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITILE  DE MARTINEZ, DOLORES R  804 CYPRESS GROVE LN BLD 123 #207  POMPANO BCH, FL 33069  ITILE  WARTINEZ, ROCIO  MARTINEZ, ROCIO  4910 NW 55 ST  COCONUT CREEK, FL 33073  ITILE  MAKE  SIRET ADDRESS  CITY-ST-ZIP  Delete  MARTINEZ, JOSE  SIRET ADDRESS  CITY-ST-ZIP  Delete  ITILE  MARTINEZ, JOSE  MARTINEZ, JOSE  SIRET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MARTINEZ, JOSE  SIRET ADDRESS  CITY-ST-ZIP  Delete  SIRET ADDRESS  CITY-ST-ZIP  Change  C	Z. RICARDO W 142 CT FL 33186  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  we 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 gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of registered agent, or both, in the State of Florida. I am familiar with, and accept gations of Florida. I am familiar with, and accept gations of Floridane.    Cit	### Applied For Status Desired ### Applied For Status Desired ### Applied For Status Desired   Sand Additional Fee Required   See Required   Street Address of New Registered Agent   Name   Na
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1. Entity Name COLEGIO EL PLACER, INC.  Principal Place of Business  804 CYPRESS GROVE LN BLD 123  # 207  # 207  Mailing Address  804 CYPRESS GROVE LN BLD 123  # 207	ace of Business  Address ESS GROVE LN BLD 123 BCH, FL 33069  Mailing Address  # 207 POMPANO BCH, FL 33069	1. Entity Name COLEGIO EL PLACER, INC.  Principal Place of Business  Mailing Address  804 CYPRESS GROVE LN BLD 123  # 207  # 207

12. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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