

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90073 002 ***150.00

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
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2. Principal Place of Business 5330 NW 49th Ave	3. Mailing Address 5330 NW 49th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

City & State Coconut Creek FL	City & State Coconut Creek FL
Zip 33073	Country US

4. FEI Number 65-1151688	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMIREZ, RICARDO 14418 SW 142 CT MIAMI, FL 33186	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE MARTINEZ, DOLORES R 804 CYPRESS GROVE LN BLD 123 #207 POMPANO BCH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5330 NW 49th Ave Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, ROCIO 4910 NW 55 ST COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5330 NW 49th Ave Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE 804 CYPRESS GROVE LN BLD 123 #207 POMPANO BCH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5330 NW 49th Ave Coconut Creek, FL 33073
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] Date: 4/8/2005 Daytime Phone #: (954) 4260488