## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2004 08:00 AM Secretary of State

| ANNUAL REPURI  |   |  |                     |                                   | Secretary of State           |                       |  |  |
|--|---|--|---------------------|-----------------------------------|------------------------------|-----------------------|--|--|
| 1. Entity Name   | MENT # P010001081<br>EIVING SCHOOL, INC.  | 18   |                     |                                   |                              |                       |  |  |
| Principal Place<br>701 EAST AC<br>PLANTATION   | RE DRIVE  | Mailing Address 701 EAST ACRE DRIVE PLANTATION, FL 33317 | <u> </u>            |                                   |                              |                       |  |  |
| DO NOT WRITE IN THIS SPA   |   |  | CE                  | 04202004<br>4. FEI Numb<br>65-115 |                              | CR2E034 (10/03        | I)<br>Applied For<br>Not Applicable<br>dditional |  |
| 6. Name and Address of Current Registered Agent GONZALEZ, CESAR 781 E ACRE DR PLANTATION, FL 33317 |   |  |                     |                                   | NOT WI                       |                       |  |  |
|  | named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and the |  | ed office or regis: | <u></u>                           | th, in the State of Flori    | da. 3 am familiar wil | s, and accept                                    |  |
|  |   | Election Campaign Final Trust Fund Contribution.         |                     | 5.00 May Be<br>ided to Fees       | <br>  U000000<br>  04/33/04- | 124343                | 150 MG   |  |
| TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP                    | OFFICERS AND DIFF PSTD GONZALEZ, CESAR 701 EAST ACRE DRIVE PLANTATION, FL 33317   | ECTORS   |                     |                                   |                              |                       | **************************************           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                    |   |  |                     |                                   | NOT WI                       |                       |  |  |
| DITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   |   |  |                     |                                   |                              |                       |  |  |

12. Thereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HITLE NAME STREET ADDRESS CHY-ST-ZIP

SIGNAL GENERAL GONZALOR
SIGNAL GENERAL GONZALOR
SIGNAL GENERAL GONZALOR

94/19/2004 (954)294-0954