


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000113882 1. Entity Name CONSORTIUM FOR EDUCATIONAL ENTERPRISES, INC.	
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Principal Place of Business
9515 SW 136TH STREET
MIAMI, FL 33176

Mailing Address
9515 SW 136TH STREET
MIAMI, FL 33176



DO NOT WRITE IN THIS SPACE

01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1159476	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARI, MARIA C
9515 SW 136TH STREET
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000211866
02/02/05-R0006-001 450.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIERESZKO, ANA A DR. 7550 SW 61TH STREET MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMAN, ROSARIO S 13325 SW 47TH STREET MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARI, MARIA C 7800 S.W. 79TH TERRACE MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #