


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90074 030 \*\*\*150.00

|  |                                   |  |   |  |   |
|--|-----------------------------------|--|---|--|---|
| <b>DOCUMENT # P02000011879</b><br>1. Entity Name<br><b>ABINGTON ACADEMY, INC.</b>  |                                   |  |   |   |   |
| Principal Place of Business<br><b>1466 NW 126 LANE<br/>SUNRISE FL 33323</b>  |                                   |  |   | Mailing Address<br><b>1466 NW 126 LANE<br/>SUNRISE FL 33323</b>  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |                                   | 3. Mailing Address<br><b>1466 NW 126 LANE</b><br>Suite, Apt. #, etc. |   |  |   |
| City & State<br>Zip  |                                   | City & State<br><b>Sunrise, Florida</b><br>Zip<br><b>33323</b>       |   | Country<br><b>USA</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>CHIN, ALISON<br/>1466 NW 126 LANE<br/>SUNRISE FL 33323</b>   |                                   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____  |                                   |  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div> |                                   |  |   |  |   |
| TITLE  | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | CHIN, ALISON                      | NAME   |   | NAME   |   |
| STREET ADDRESS   | 1466 NW 126 LANE                  | STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  | SUNRISE FL 33323                  | CITY-ST-ZIP  |   | CITY-ST-ZIP  |   |
| TITLE  | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MIRALDA, LIZETH                   | NAME   |   | NAME   |   |
| STREET ADDRESS   | 1559 NW 2 ST APT 4                | STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  | MIAMI FL 33125                    | CITY-ST-ZIP  |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                   | NAME   |   | NAME   |   |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   | STREET ADDRESS   |   |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   | CITY-ST-ZIP  |   |

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:** Alison Chin Alison Chin 01-24-04 954-846-0541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #