

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90036 046 ***150.00

DOCUMENT # P02000029311 1. Entity Name CONTINUING EDUCATION CONSULTANTS, INC.					
Principal Place of Business 1840 W. 49TH ST #717 HALEAH, FL 33012			Mailing Address 1840 W. 49TH ST #717 HALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # 15641 SW 144 PL.			3. Mailing Address P.O. BOX 771195		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL.			City & State MIAMI, FL.		
Zip 33177			Zip 33177		
Country			Country		
4. FEI Number 16-1630550			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LAZO, LUIS P 1840 W. 49TH ST #717 HALEAH, FL 33012			7. Name and Address of New Registered Agent Name LUIS LAZO Street Address (P.O. Box Number is Not Acceptable) 15641 SW 144 PL. City MIAMI FL Zip Code 33177		
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAZO, LUIS <input checked="" type="checkbox"/> Delete 1840 W. 49TH ST. #717 HALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAZO, LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15641 SW 144 PL. MIAMI, FL. 33177	
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	
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	
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	
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 exemptions contained in Chapter 119, 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 # _____					