


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90191 018 ***158.75

DOCUMENT # P02000038604	
1. Entity Name MENDOZA EDUCATIONAL SERVICES INC.	

Principal Place of Business 1385 CLEVELAND ST TITUSVILLE, FL 32780	Mailing Address 1385 CLEVELAND ST TITUSVILLE, FL 32780
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2. Principal Place of Business - No P.O. Box # 823 North Cocoa Blvd	3. Mailing Address 823 North Cocoa Blvd
Suite, Apt. #, etc. D	Suite, Apt. #, etc. D
City & State Cocoa FL	City & State Cocoa FL
Zip 32922	Zip 32922
Country USA	Country USA



01222008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3042000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JUAREZ, KATHRYN M 823 CLEVELAND ST TITUSVILLE, FL 32780	7. Name and Address of New Registered Agent Name Kathryn M Mendoza Street Address (P.O. Box Number is Not Acceptable) 823 #D North Cocoa Blvd City Cocoa FL Zip Code 32922
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It is the same person
The Name Changed due
to marriage, Address
is NOT CORRECT

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:  DATE: **2/22/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	CEOP JUAREZ, KATHRYN M 823 D N. COCOA BLVD COCOA, FL 329227572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP Mendoza, Kathryn M 823 D N. Cocoa Blvd Cocoa, FL 329227572 <input checked="" 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
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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 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:  DATE: **2/22/08** 3212435284
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR