### **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOGUMENT # P02000077056**

1. Entity Name

ISTI EDUCATIONAL INCORPORATED

Principal Place of Business

C/O RICARDO J. SOUTO, ESQ 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131

Mailing Address

C/O RICARDO J. SOUTO, ESQ 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131

# **FILED** Apr 22, 2005 8:00 am Secretary of State

TALLAHASSEE, FLORIDA



01252005

No Chg-P

CR2E034 (10/03)

4. FEI Number 05-0556813

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER, SUITE 1500 (RIS) 201 S BISCAYNE BLVD MIAMI, FL 33131

### DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131	RIS)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131  DP  MEMBRENO, BENJAMIN T			100054004101 05/06/0501047013 **158.75 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						

ith this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. t hereby certify that the information indicated on this report or supplementary of the corporation or the receive; changed, or on an attachment w

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.10.05