2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

TOP OF THE CLASS TUTORIAL SERVICES, INC.

Country

DOCUMENT #

Principal Place of Business

TAMARAC FL 33319

Suite, Apt. #, etc.

City & State

Tamarac.

Zin 33351

6635 W. COMMERCIAL BLVD.

2. Principal Place of Business

7677 NW 57 St

the obligations of registered agent

1. Entity Name

111

P02000083492

Mailing Address

TAMARAC FL 33319

3. Mailing Address

City & State

Suite, Apt. #, etc.

Tamarac

33351

6635 W. COMMERCIAL BLYD.

7677 NW 57 St

5. Certificate of Status Desired

6/16	FILED Jun 27, 2003 8:00 an Secretary of State 06-16-2003 90142 001 ***150.00 06-27-2003 90048 003 ***200.00	
	TATA0199	
	CHECK HERE IF MAKING CH	HANGES
4. FEI Num	^{ber} 30-0099851	Applied For Not Applicable
S. Codifica	to of Status Decises 10 \$8	.75 Additional

Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kisha Howard HOLMES, ANDRE J Street And I am (P.O. Box Number is Not Acceptally a) 9052 SW 214 STREET '7677_NW 57_Street. MIAMI FL 33189 City Tamarac 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

Country

Ùsa

SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 H00.00 Fee 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. Delete TITLE PRES TITLE Change Addition CR2E034 (10/02) President HOWARD, KISHA U NAME NAME Kisha Howard STREET ADDRESS STREET ADDRESS 203 BELMONT LANE 7677 NW 57 Street Tamarac, FL 233351 CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP TITLE SEC Delete TITLE Li Linangi ☐ Addition secretary HOWARD, KISHA U NAME NAME Kisha Howard STREET ADDRESS STREET ADDRESS 203 BELMONT-LANE 7677 NW 57 Street CITY-ST-7P NORTH LAUDERDALE FL 33068 CITY-ST-7IP Tamarac, JEL 33351 TITLE ППΕ ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

Daytime Phone #