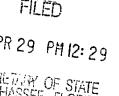
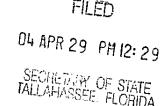
FILED





K R G EDUCATIONAL CONSULTARTS, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 419 MINORCA AVE CORAL GABLES FL 33134			Mailing Address 419 MINORCA AVE CORAL GABLES FL 33134							ERITI BJAT JURT	
2. Principal P	Place of Busi	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e		City & State	·		4.	FEI Number	<del> </del>		oplied For	
Zip Country			Zip	Coun	try	5.	55-079/343 Certificate of Status Desired		8.75 Add	ot Applicable ditional ed	
6. Name and Address of Current Registered Agent					<u> </u>	7. 1	Name and Address of New Re			-	
CDANAT				Name		1		<u>, , , , , , , , , , , , , , , , , , , </u>			
GRANAT, KATHRYN G 419 MINORCA AVE					Street Addres	Idress (P.O. Box Number is Not Acceptable)					
	ABLES FL	33134					05/06/0401019	001	**150	.00	
					City			FL	Zip Cod	10	
8. The above the obligat	named entit	y submits this statement tered agent.	for the purpose of changing it	s register	L ed office or regis	tered ag	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE .		or printed name of registered age			<del></del>					<del></del>	
FILE NOVALI नम्बद्धाड हर १५०४०) AllenMay (१,२००३ दिवने श्रीमान १५५५००) Make Greek Rayablo to Ground Dapartman of Strate					d Agent signature requ	med with the	9. Election Campaign Fina Trust Fund Contribution.		<b>\$5.0</b> Addec	0 May Be	
10.		OFFICERS AN	D DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	419 MINO	Kathryn G RCA Ave Ables Fl 33134	☐ Delete		ı				Change	☐ Addition	
TITLE NAME Street address <sup>1</sup> City-St-Zip	419 MINO	RICHARD F RCA AVE ABLES FL 33134	☐ Delete	R					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	I.	1				□ Change	☐ Addition	
TITLE Name Street address City-St-Zip			☐ Delete		I .	•			☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAM! STRE		·			Change	Addition	

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.

SIGNATURE: \*\*Butturn\*\* A 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.

SIGNATURE: Kathing

200 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

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305-444-1582