

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90235 025 \*\*\*150.00

FORM 900 4/01

**DOCUMENT # P02000097504**

1. Entity Name  
**AMERICAN & INTERNATIONAL GLOBAL LEARNING SCHOOL, INC.**



Principal Place of Business  
**1840 SW 22 ST PMB 4-136  
MIAMI FL 33145**

Mailing Address  
**1840 SW 22 ST PMB 4-136  
MIAMI FL 33145**



2. Principal Place of Business  
**2655 Le Jeune Road**  
Suite, Apt. #, etc.  
**Suite 500**  
City & State  
**Coral Gables, FL**  
Zip  
**33134** Country

3. Mailing Address  
**2655 Le Jeune Road**  
Suite, Apt. #, etc.  
**Suite PH-2B**  
City & State  
**Coral Gables, FL**  
Zip  
**33134** Country

CHECK HERE IF MAKING CHANGES

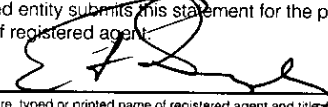
6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22 ST 4 FLR  
MIAMI FL 33145**

4. FEI Number  
**22-3870725** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
**Ernesto Gonzalez, C.P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2655 Le Jeune Road**  
**Suite PH-2B**  
City  
**Coral Gables** FL Zip Code  
**33134**

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 **2/4/03**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IGOLNIKOF, ESTELA R 1840 SW 22 ST PMB 4-136 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SZLIT, GOLDA S 1840 SW 22 ST PMB 4-136 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: **Estela Raquel Igolnikof**  DATE **2/4/03** 1-866-258-3305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)