

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 002 ***150.00

DOCUMENT # P02000102828

1. Entity Name
MONTESSORI WAYS, INC.



Principal Place of Business
**12601 BALCOMBE ROAD
ORLANDO, FL 32837**

Mailing Address
**12477 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

40104333



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

84-1619871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VICARUDDIN, KAZI
12477 S ORANGE BLSM TR
ORLANDO, FL 32837**

Name **TAYYABA N. VICARUDDIN**

Street Address (P.O. Box Number is Not Acceptable)

12601 BALCOMBE RD.

City **ORLANDO**

FL

Zip Code

32837

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **D** ☐ Delete
NAME **VICARUDDIN, NAZNEEN**
STREET ADDRESS **12477 S ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☒ Change ☐ Addition
NAME **TAYYABA N. VICARUDDIN**
STREET ADDRESS **12477 S. ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007 407-852-1267
Date Daytime Phone #