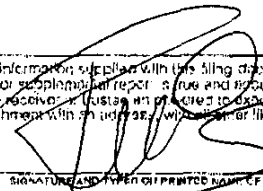


FILED
May 05, 2008 8:00 am
Secretary of State

04-11-2008 90035 005 ***158.75

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000000842			
1. Entity Name UCEDA SCHOOL OF ORLANDO, INC.			
Principal Place of Business 5425 SEMORAN BOULEVARD, UNIT 8 ORLANDO, FL 32822		Mailing Address 5425 SEMORAN BOULEVARD, UNIT 8 ORLANDO, FL 32822	
2. Principal Place of Business - No P.O. Box # 5425 Semoran Blvd. Suite, Apt. #, etc. #8		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32822		Zip Country	
6. Name and Address of Current Registered Agent UCEDA, JUAN J SR. 2876 BIARRITZ DR. PALM BEACH GARDENS, FL 33410-1418		7. Name and Address of New Registered Agent Name UCEDA CHARO MS Street Address (P.O. Box Number is Not Acceptable) 10063 MOORESHIRE CIR City ORLANDO FL Zip Code 32839	
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 of the officer or director who is authorized to file this report Signature of Registered Agent who is authorized to accept this filing Date			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$510.00		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 NAME STREET ADDRESS CITY-STATE-ZIP	PRES UCEDA, JUAN J PRES. 2876 BIARRITZ DRIVE WEST PALM BEACH, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V.P.R UCEDA, CHARO 415 VINELAND AVE STATEN ISLAND, NY 10312	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEC. CONADO, JACQUELINE SEC. 1047 NORTH BREEZE CT. ORLANDO, FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 included 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; the I am an officer or director of the corporation or the receiver of the corporation and I am required to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, which is or like empowered.			
SIGNATURE: 		4/30/2008 (408) 354-5505	
SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date	

66009791



04302008 Chg-P C 32E034 (12/08)

4. FEI Number 13-4231147 Applied For Not Applicable

5. Consideration Status Desired [] \$8.75 Additional Fee Required

FROM : UCEDASCHOOL OF ORLANDO

FAX NO. : 4072734923

Apr. 30 2008 11:00AM P5

Bank of America | Online Banking | Transaction Image Print

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Bank of America

ATTACHMENT

66009791
Online Banking

Business Economy Chk - 3167 : Check Image

#P03000000842

Check Image:

UCEDA SCHOOL OF ORLANDO INC. 5435 SEMORIAN BLVD. STE. B ORLANDO, FL 32822 PH (407) 272-6900		BANK OF AMERICA 62-4-630	40064872 4/8/2008	2813
PAY TO THE ORDER OF Florida Department of State		\$ 158.75		
One Hundred Fifty Eight and 75/100		DOLLARS		
Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500		J. M. R. P.		
MEMO 13-4231147				

FROM : UCEDASCHOOL OF ORLANDO

FAX NO. : 4072734923

Apr. 30 2008 11:01AM P6

Bank of America | Online Banking | Transaction Image Print

Page 1 of 1

Bank of America



ATTACHMENT

Online Banking

Business Economy Chk - 3187 : Check Image

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Check Image:

