

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90119 001 ***150.00

DOCUMENT # P03000106153 1. Entity Name FLORIDA EAGLE LEARNING SYSTEMS INC.					
Principal Place of Business 18900 NE 20TH AVENUE NORTH MIAMI BEACH, FL 33179			Mailing Address 18900 NE 20TH AVENUE NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0247070	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHIMANI, ROZILA 18900 NE 20TH AVENUE NORTH MIAMI BEACH, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P BHIMANI, ROZILA 18900 NE 20TH AVENUE NORTH MIAMI BEACH, FL 33179		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"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:			Date 01/29/04 Daytime Phone #		
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment
24672870

PB3000104183

Page 1 of 2

Form **SS-4**
(Rev. December 2001)
Department of the
Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

20-0267070

OMB No. 1545-1

1* Legal name of entity (or individual) for whom the EIN is being requested FLORIDA EAGLE LEARNING SYSTEMS INC		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 18900 NE 20TH AVENUE		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code NORTH MIAMI BEACH FL 33179		5b City, state, and ZIP code
6* County and state where principal business is located County DADE State FL		
7a* Name of principal officer, general partner, grantor, owner, or trustor ROZILA BHIMANI		7b* SSN, ITIN, EIN 263-87-5979
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ P03000106153 <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterp Group Exemption NO. (GEN) ▶
8b* If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country USA
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ 1120 <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
10* Date business started or acquired (month, day, year) SEP 29 2003		11* Closing month of accounting year AUG
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ JAN 1 2004		
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-" ▶		Agriculture Household 1 Other
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/ <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) COACHING SERVICES		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. COACHING SERVICES		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or		
Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		

Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name	Designee's telephone number (include area code) () -
	Address and ZIP code	Designee's fax number (include