2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 05, 2005 8:00 am
Secretary of State
06-07-2005 90001 006 ***550.00

DOCUMENT # P04000047768

1. Entity Name
TUTOR N TOWN INC.

Principal Place of Business	Mailing Address
900 INGRAHAM BLDG 25 SE 2 AVE MIAMI, FL 33131	900 INGRAHAM BLDG 25 SE 2 AVE MIAMI, FL 33131

01192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Two Alhambra Plaza	Two Alhambra Plaza
Suite, Apt. #, etc. Penthouse 1B	Suite, Apt. #, etc. Penthouse 1B
City & State Coral Gables, Fl.	City & State Coral Gables, Fl
Zip 33134 Country US	Zip 33134 Country US

4. FEI Number 90-0154289 ☐ Applied For ☐ Not Applicable

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
MURAI WALD BIONDO MORENO & BRICHIN, P.A. 900 INGRAHAM BLDG 25 SE 2 AVE MIAMI, FL 33131	Name: Murai Wald Biondo Moreno & Brochin PA. Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza Penthouse 1B 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 _____ 4/8/05
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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Suzette Martinez 4920 Biltmore Drive Coral Gables, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP Georgette Collings 4920 Biltmore Drive Coral Gables, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T Eugenio Martinez 4920 Biltmore Drive Coral Gables, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S Eleanne Martinez 4920 Biltmore Drive Coral Gables, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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, with all other like empowered.

SIGNATURE: _____ 305-444-0101
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #