

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-05-2005 90091 019 ***150.00
06-06-2005 90007 022 ***150.00

DOCUMENT # P04000053149 1. Entity Name FLAMINGO LEARNING ACADEMY, INC.			
Principal Place of Business 1865 NE 207 ST N MIAMI BEACH, FL 33179		Mailing Address 1865 NE 207 ST N MIAMI BEACH, FL 33179	
2. Principal Place of Business 929 NE 125 ST		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami		City & State	
Zip 33161		Country DADE	
Zip		Country	
4. FBI Number 200951082		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VISSCHER, ANNAMARIA T 1865 NE 207 ST N MIAMI BEACH, FL 33179		7. Name and Address of New Registered Agent Name Edward P. CUNNINGHAM Street Address (P.O. Box Number is Not Acceptable) 8513 NW 57 CT City TAMARAC FL Zip Code 33321	
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</small>		DATE 2-16-2005 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD VISSCHER, ANNAMARIA T 1865 NE 207 ST N MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VISSCHER, THADEUS MICHA 1865 NE 207 ST N MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VISSCHER, TANIA G 1865 NE 207 ST N MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VISSCHER, LUCAS W 1865 NE 207 ST N 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/17/05 <small>DATE</small>	