2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P040000 AFFIC SCHOOL, INC.	80373					04-06-2005	90124 032	2 ***15	0.00	
Principal Plac	e of Business	Mailing	g Address		l	7					
5300 WEST	21 COURT		WEST 21 COURT	ſ				50034	4169	<u> </u>	
SUITE 108 Hialeah, Fl	22016	SUITE	E 108 Eah, Fl. 33016								
niacean, r.	22010	HALE	MI, FL 33010			A TRANSPORTED SILLS	FOR 114 11 114 114 114 114 11				
2. Principal P	Place of Business	3. Maili	ing Address								
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			04022005	Chg-P	CR2E034	1 (10/03)		
City & Stat	9	City 8	& State			4. FEI Numbe 20-1	195174			optied For ot Applicable	
Zip	Country	Zip		Coun	try _	5. Certificate	of Status Desired		8.75 Add se Require		
	6. Name and Address of Curr	ent Registere	d Agent	٠	T	7. Name and	Address of New R			•	
					Name		······································				
SPIEGEL & UTRERA, P.A.					Mar Street Address	1a Alav	redra				
1840 SW 2 4TH FLOC					5300	W 21 Ct	r is Not Acceptable #108	''			
MIAMI, FL		•			,	•					
					City U.S.O.	leah		FL	Zip 500	٩ د	
8 The above	named entity turbmits this statemen	nt for the nurror	ose of changing its	e ronieter			h in the State of Elo				
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.											
the obligat	tions of registered agent.		.		•						
	W. ~ 1 1/1/			, .				04/0	4/200	. ~	
the obligated SIGNATURE.	W. ~ 1 1/1/		Maria a	bueda	d Agent signature requir	ired when reinstating)		04/0	4/200.	<u>s^</u>	
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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 cath; 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: Maria Alle Ver	la Maria alayeda	04/09/05	305-262-6732
SIGNATURE AND TYPED OR PRINT	TED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #