## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

6/29/2006-90002-034-\$150.00

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DOCUMENT # P05000026490

THE ISMAELILLO LEARNING CENTER, INC.

Mailing Address

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SEUKLIMKY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 350) GEORGIA AVE USAME WEST PALL BEACH 3. Mailing Address 3501 6 CORBIA Suite, Apt. #, etc. 05112006 Chg-P CR2E034 (11/05) City & State Applied For 4. FF) Number Beach , Fl 16-1718394. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARD MARIA E. AUC. Sirget Address (P.O. Box Number le Not Acceptable) LAKE WORTH, FL 3346 10 City Belley 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 registe (NOTE: Registered Agent suggestive required when revisionnal FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10,- -11. TITLE ☐ Delete TIFLE Addition ☐ Change NAME EDWARD, MARIA E MANE 1.760 KELSO AVE STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE \_\_ Change ☐ Delete TITLE ☐ Addition ARTIDO, ISMAEL 1760 KELSO AVE. NAME NAME STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 334620 CITY-ST-ZP CHY-ST-ZIP Delete TITLE ☐ Chance Addition NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Deleta TITLE Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information soophied with this filling does not qualify for the exemptions contained in Chapter 119. 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 of trutted 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 wiphing doless, with all other like empowered.

CITY-ST-7:P

SIGNATURE:

CITY-ST-ZIP

SIGNATURE PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-15-06(561)577162



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 29, 2006

THE ISMAELILLO LEARNING CENTER, INC. 3640 ELIZABETH STREET LAKE WORTH, FL 33461

Subject: THE ISMAELILLO LEARNING CENTER, INC.

Reference Number:

P05000026490

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION, pote: I didn't received the anual report in January.

P.O. BOX 6327 - Tallahassee, Florida 32314