## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000069527

1. Entity Name
TEST PREPARATION SERVICES, INC.

FILED Jan 23, 2007 08:00 AM Secretary of State

Principal Place of Business

14485 SW 57TH TERRACE MIAMI, FL 33183 Mailing Address

14485 SW 57TH TERRACE MIAMI, FL 33183



## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired 

\$8.7

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, NURIA D PRES 14485 SW 57TH TERRACE MIAMI, FL 33183

## DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and little if applicable (NOTE; Registered Agent signature required whon reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. Shaded to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PRES STEINBERG, NURIA D PRES 14485 SW 57TH TERRACE MIAMI, FL 33183				Booocooct
TITLE NAME STREET ADDRESS CITY-\$T-7IP					U00000598915 01/25/07-80006-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDBESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it further certify that the information indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under eath; 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 accuracy with all patients.

SIGNATURE

STREET ADDRESS CITY+ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

YURIA STEINBO 1/23/

(305)386-5511

Daytime Phone #