


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90023 044 \*\*\*150.00

<b>DOCUMENT # P05000166159</b> 1. Entity Name <b>B.F. ACADEMY, INC.</b>					
Principal Place of Business <b>3301 PONCE DE LEON BLVD.</b> <b>200A</b> <b>CORAL GABLES, FL 33134</b>			Mailing Address <b>C/O GENAUER - 9400 SOUTH DADELAND BLVD.</b> <b>600</b> <b>MIAMI, FL 33156</b>		
2. Principal Place of Business - No P.O. Box # <b>3301 Ponce de Leon Blvd</b>		3. Mailing Address <b>3301 Ponce de Leon Blvd</b>			
Suite, Apt. #, etc. <b>220</b>		Suite, Apt. #, etc. <b>220</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>			
Zip <b>33134</b>		Country <b>Dade</b>		Zip <b>33134</b>	
Country <b>Dade</b>		Country <b>Dade</b>			
6. Name and Address of Current Registered Agent  <b>GENLAW REGISTERED AGENTS, INC.</b> <b>9400 SOUTH DADELAND BLVD.</b> <b>600</b> <b>MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS</b> <b>FRAGELA, BENIGNO</b> <b>3301 PONCE DE LEON BLVD. #200A</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KOHN, RICHARD</b> <b>3301 PONCE DE LEON BLVD. #200A</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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.					
<b>SIGNATURE:</b> <u>X Richard Kohn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/23/08</u> Daytime Phone # _____		

40020431



01232008 Chg-P CR2E034 (12/06)

4. FEI Number **20-4445807** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required