

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-20-2008 90040 002 ***150.00

DOCUMENT # P06000010636

1. Entity Name
CERVANTES IMMERSION PROGRAM, INC.



Principal Place of Business
**3200 NE 165TH STREET
NORTH MIAMI BEACH, FL 33160**

Mailing Address
**3200 NE 165TH STREET
NORTH MIAMI BEACH, FL 33160**

66006872



2. Principal Place of Business - No P.O. Box #

As above

3. Mailing Address

As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008

Chg-P

CR2E034 (12/06)

4. FEI Number **20-4177070**
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER-STAMATIS, ALICIA
3200 NE 165TH STREET
NORTH MIAMI BEACH, FL 33160**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BECKER-STAMATIS, ALICIA
3200 NE 165TH STREET
NORTH MIAMI BEACH, FL 33160**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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.

SIGNATURE:

[Signature]

ALICIA BECKER-STAMATIS

3/17/08

(305) 609 3494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P06000010636						
1. Entity Name CERVANTES IMMERSION PROGRAM, INC.						
Principal Place of Business 3200 NE 165TH STREET NORTH MIAMI BEACH, FL 33160			Mailing Address 3200 NE 165TH STREET NORTH MIAMI BEACH, FL 33160			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		02042008 Chg-P CR2E034 (12/06)		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BECKER-STAMATIS, ALICIA 3200 NE 165TH STREET NORTH MIAMI BEACH, FL 33160			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 D	NAME BECKER-STAMATIS, ALICIA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3200 NE 165TH STREET	CITY - ST - ZIP NORTH MIAMI BEACH, FL 33160		STREET ADDRESS CITY - ST - ZIP			
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CERVANTES IMMERSION PROGRAM INC 02/2006 3200 NE 165TH ST AVENTURA, FL 33160-3834			156 63-215/631 Change <input type="checkbox"/> Addition			
Pay to the order of <u>Florida Department of State</u> \$ <u>150.00</u> <u>One hundred & fifty dollars.</u> Dollars <input type="checkbox"/> Change <input type="checkbox"/> Addition			Date <u>3/17/08</u>			
SUNTRUST ACH RT 061000104 FEI: Applied For For Year <u>2008</u>			Security Feature Details on Back <input type="checkbox"/> Change <input type="checkbox"/> Addition			
SIGNATURE: <u>Alicia Becker-Stamatis</u> Date <u>3/17/08</u> Daytime Phone # <u>(305) 609 3494</u>			_____ 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.						

66006872

Sent 3/17/08