

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056675

FILED
Mar 23, 2009
Secretary of State

Entity Name: A+ TUTORING & EDUCATIONAL SERVICES, CORP.

Current Principal Place of Business:

15260 SW 280ST
207
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

30613 SW 154 CT
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 64-0961299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANUEVA, ZORAIDA
30613 SW 154 CT
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILLANUEVA, ZORAIDA P
Address: 30613 SW 154 CT
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP () Delete
Name: VILLANUEVA, RAFAELA
Address: 30614 SW 54 CT
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: FELDER, JANET J VP
Address: 15410 SW 306 ST
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VILLANUEVA, ZORAIDA P
Address: 30613 SW 154 CT
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VPD (X) Change () Addition
Name: VILLANUEVA, RAFAELA
Address: 30614 SW 54 CT
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD (X) Change () Addition
Name: FELDER, JANET J VP
Address: 15410 SW 306 ST
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZORAIDA VILLANUEVA

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date