

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060808

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** AAA SCHOOL OF DENTAL ASSISTING INC

**Current Principal Place of Business:**

2415 SOUTH FRENCH AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

2415 SOUTH FRENCH AVE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 33-1179239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALSAM, CHERYL  
2415 SOUTH FRENCH AVE  
SANFORD, FL 32771 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

**OFFICERS AND DIRECTORS:**

Title: SEC  
Name: WASHINGTON, ROSEVELT  
Address: 2415 SOUTH FRENCH AVE  
City-St-Zip: SANFORD, FL 32771

Title: PRES  
Name: BALSAM, CHERYL  
Address: 335 BROOKHAVEN PL  
City-St-Zip: LAKE MARY, FL 32746

Title: VIC  
Name: ABED, BASIM  
Address: 335 BROOKHAVEN PL  
City-St-Zip: LAKE MARY, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: CHERYL BALSAM

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date