

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90032 006 ***150.00

DOCUMENT # P07000080874					
1. Entity Name R & D EDUCATION, INC.					
Principal Place of Business 16475 GOLF CLUB ROAD, UNIT 107 WESTON, FL 33326			Mailing Address 16475 GOLF CLUB ROAD, UNIT 107 WESTON, FL 33326 <i>12200 West Broward Blvd Plantation FL 33325</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07212008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-0602765				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WACHS, JEFFREY S ESQ 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DASS, RAYMOND 16475 GOLF CLUB ROAD, UNIT 107 WESTON, FL 33326 <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	DVST LAURIE, DOUGLAS R 16475 GOLF CLUB ROAD, UNIT 107 WESTON, FL 33326 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowerment.					
SIGNATURE: _____			Date: 7/31/08 Daytime Phone: 954-472-0022 LX 3044		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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