

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068630

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: THE COLLEGE MENTOR GROUP INC.

## Current Principal Place of Business:

1135 NW 88TH STREET  
MIAMI, FL 33150 US

## New Principal Place of Business:

## Current Mailing Address:

1135 NW 88TH STREET  
MIAMI, FL 33150 US

## New Mailing Address:

FEI Number: 38-3787861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENITEZ, YOLANDA A  
6240 NW 173RD STREET  
#1036  
HIALEAH, FL 33015 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: RUSSELL, EUGENIA M  
Address: 1135 NW 88TH STREET  
City-St-Zip: MIAMI, FL 33150 US

Title: VP ( ) Delete  
Name: BENITEZ, YOLANDA A  
Address: 6240 NW 173RD STREET  
City-St-Zip: HIALEAH, FL 33015 US

Title: TRE ( ) Delete  
Name: HEADLEY, LATANYA  
Address: 365 NE 125TH STREET APT # 216  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: SEC ( ) Delete  
Name: RUSSELL, MICHAEL  
Address: 1135 NW 88TH STREET  
City-St-Zip: MIAMI, FL 33150 US

Title: PAR (X) Delete  
Name: PAREMORE, SHIRLEY  
Address: 1135 NW 88TH STREET  
City-St-Zip: MIAMI, FL 33150 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EUGENIA M. RUSSELL

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date