

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000065536

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** AMITY EDUCATION SERVICES INC.

**Current Principal Place of Business:**

18952 NORTH DALE MABRY HWY., STE. 102  
LUTZ, FL 33548 US

**New Principal Place of Business:**

17100 COLLINS AVENUE  
214  
SUNNY ISLES BEACH, FL 33160 US

**Current Mailing Address:**

18952 NORTH DALE MABRY HWY., STE. 102  
LUTZ, FL 33548 US

**New Mailing Address:**

17100 COLLINS AVENUE  
214  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 45-2826896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 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: DOST  
Name: MICHAELS, SYLVESTER  
Address: 19201 COLLINS AVENUE SUITE 834  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: SYLVESTER MICHAELS

MR

04/12/2012

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

\_\_\_\_\_  
Date