2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90050 031 ***150.00

DOCUMENT # P31517

1. Entity Name
SEC INSTITUTE, INC.

Principal Place of Business	Mailing Address
2801 PONCE DE LEON BLVD 580 CORAL GABLES, FL 33134 US	2801 PONCE DE LEON BLVD 580 CORAL GABLES, FL 33134 US

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5301 Blue Lagoon Drive		5301 Blue Lagoon Drive	
Suite, Apt. #, etc.: 590		Suite, Apt. #, etc.: 590	
City & State: Miami		City & State: Miami	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: 13-3212336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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 ______________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	EVPC	☐ Delete
NAME	SAXLEHNER, ANDREW C.	
STREET ADDRESS	2801 PONCE DE LEON BLVD #580	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	PCST	☐ Delete
NAME	SAXLEHNER, ANDREW C.	
STREET ADDRESS	2801 PONCE DE LEON BLVD #580	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVPC	☒ Change	☐ Addition
NAME	Saxlehner, Andrew C.		
STREET ADDRESS	5301 Blue Lagoon Drive #590		
CITY-ST-ZIP	Miami, Fl 33126		
TITLE	PCST	☒ Change	☐ Addition
NAME	Saxlehner, Andrew C.		
STREET ADDRESS	5301 Blue Lagoon Drive #590		
CITY-ST-ZIP	Miami, Fl 33126		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 empowered.

SIGNATURE: Andrew Saxlehner Andrew C. Saxlehner, ~~EVCP~~ President 03-01-07 (305)529-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #