2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P94000060179

Entity Name: FLORIDA EDUCATION INSTITUTE, INC.

Current Principal Place of Business:

5818 SW 8 STREET
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

9321 SW 4 ST
#108
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0527372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALENTI, RAMON
9321 SW 4 ST
#108
MIAMI, FL 33174 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: DP ( ) Delete
Name: VALENTI, RAMON
Address: 9321 SW 4 ST #108
City-St-Zip: MIAMI, FL 33174

Title: DV ( ) Delete
Name: VALENTI, RITA G
Address: 11431 NW 32 LANE
City-St-Zip: MIAMI, FL 33165

Title: DT ( ) Delete
Name: VALENTI, BARBARA I
Address: 9420 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: DS ( ) Delete
Name: MARTINEZ, SANTIAGO
Address: 6318 SW 43 STREET
City-St-Zip: MIAMI, FL 33155

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:

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: RAMON VALENTI DP 03/05/2009

Electronic Signature of Signing Officer or Director Date