2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 09, 2004 8:00 am Secretary of State

DOCUMENT # 196000035221 1. Entity Name Presidential Cutoring Cosp.					07-09-2004 90005 030 ***150.00 54060921		
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Busines 1050 MW 14	- <i>St</i> +	3. Mailing Address 1050 MW 14 St					
Suite. Apt. # etc. 5 Hz 2	Suite. Apt. #, etc. 29 Suite. Apt. #, etc. 5 to 29			DO NOT WRITE IN THIS S		I THIS SPAC	Ξ
Miami, Fl	<i>j</i>	City & State Miami, FL			/ x^ /5 / / / 5 0 		Applied For Not Applicable
33136-2105	Country USA	33136-2105 Country USA			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
AND THE PROPERTY OF THE PARTY O	THE STATE OF		Name //	,	Name and Address of Current Reg	istered Age	nt
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 1NTHIS SPACE							
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8. The above named entity subjects this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature: Signature, typed or printed name of registered agent and what is applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligib Tax filling requirement an (See criteria on back)	d elects to do so.	After May 1 Amended Make Check Payabl	y 1 Fee is \$150, , Fee is \$550.00 UBR is \$61.25 a to Department		10. Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS	TITLE TO				
NAME MITE R	uiz NW145+ 1 , EL 3313	SK 29	NAME Street Address City St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 6-2/03	TITLE NAME STREET ADORESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	1		TITUE NAME STREET ACORESS CITY ST. ZIP		DO NOT W	/RH:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		TITLE NAME STREET ADDRESS CITY/ST/ZIP		IN THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-21P				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		TITLE Name Street address City-St-21P				
13. I hereby certify that the indicated on this report	information supplied with t or supplemental report is t	his filing does not qualify for true and accurate and that m	he exemption state signature shall ha	ed in Secti	ion 119.07(3)(i), Florida Statutes. I fun me legal effect as if made under oath , Florida Statutes; and that my name	ther certify th that I am an	at the information officer or director

Affacture of Presidential Catering Corp. 1050 NW 14' Street, Ste 29 Miami, Florida 33136-2105

540da0921

Friday, July 02, 2004

Florida Department of State Divisions of Corporations Uniform Buisness Report P.O. Box 6327 Tallahassee, FL 32314

Re: P96000035221

To Whom It May Concern:

We are writing to request a waiver on the late fee in filing the Uniform Buisness Report as we never received the report to file it. The address you have for us is missing the suite number and possibly could be the reason with the problem with the correspondence.

We have enclosed the report along with the \$150.00 fee required. Thank you for your assistance with this matter.

Sincerely,

Mike Ruiz President