

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90120 035 ***150.00

DOCUMENT # P96000035669	
1. Entity Name FLORIDA SCHOOL SERVICES, INC.	



Principal Place of Business 8181 NW 36TH ST. STE. 1010 MIAMI, FL 33166 US	Mailing Address 8181 NW 36TH ST. STE. 1010 MIAMI, FL 33166 US
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60014640



01122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 206-B S. MONROE ST. Suite, Apt. #, etc. STE 8 City & State TALLAHASSEE, FL Zip 32301 Country USA	3. Mailing Address 9737 NW 41 st ST. Suite, Apt. #, etc. #359 City & State DORAL, FL Zip 33178 Country USA
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4. FEI Number 65-0659966	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CERRA, THOMAS A 9320 N.W. 50TH DORAL CIRCLE NORTH MIAMI, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLACK, GEORGIA F 9693 RIDGECREST CT DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CERRA, THOMAS A 9320 N.W. 50TH DORAL CIRCLE NORTH MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE: THOMAS A. CERRA Rowles eva 1/22/07 305-513-9995
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #