

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90152 014 \*\*\*150.00

66015933



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P97000025985</b> 1. Entity Name <b>ADVANCE SCIENCE INSTITUTE, INC.</b>																																																																													
Principal Place of Business <b>3750 W. 12TH AVE. HIALEAH FL 33012</b>			Mailing Address <b>3750 W. 12TH AVE. HIALEAH FL 33012</b>																																																																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																											
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0817841</b> Applied For <input type="checkbox"/> Not Applicable																																																																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																									
6. Name and Address of Current Registered Agent  <b>PEREZ, PABLO J 13965 LAKE LURE CT MIAMI LAKES FL 33014</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <span style="float: right;">2-18-05</span> <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)</small> DATE																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P <b>PEREZ, PABLO J</b> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>3750 W 12TH AVE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>HIALEAH FL 33012</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V <b>PEREZ, OLGA L</b> <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>3750 W 12TH AVE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>HIALEAH FL 33012</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> </tr> </table> </div> </div>						TITLE	P <b>PEREZ, PABLO J</b> <input type="checkbox"/> Delete	NAME	<b>3750 W 12TH AVE</b>	STREET ADDRESS	<b>HIALEAH FL 33012</b>	CITY-ST-ZIP		TITLE	V <b>PEREZ, OLGA L</b> <input type="checkbox"/> Delete	NAME	<b>3750 W 12TH AVE</b>	STREET ADDRESS	<b>HIALEAH FL 33012</b>	CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <span style="float: right;">4/28/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>																																																																													