2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105255

Entity Name: EDUCATIONAL PLACEMENT SERVICES, INC.

FILED Apr 30, 2009 Secretary of State

540 BRICKELL KEY DR.,#1019 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

CCS 3074, P.O. BOX 02-5323 MIAMI, FL 33102

FEI Number: 65-0895999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROJAS, AQUILES SR. 540 BRICKELL KEY DR.,#1019 8180 NW 36 ST. #100 MIAMI, FL 33166 US

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

in the State of Florida.

SIGNATURE: ANTHONY ROBLEDO 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: DE ROJAS, TERESITA G Name: DE ROJAS, TERESITA G

Address: 540 BRICKELL KEY DR #1019 Address: CALLE SANTA ANA NO. 3, COUNTRY CLUB

City-St-Zip: MIAMI, FL 33131 City-St-Zip: CARACAS, DF VENEZUELA VE

Title: S () Delete Title: S (X) Change () Addition

Name: ROJAS SR, AQUILES J Name: ROJAS SR, AQUILES J

Address: 540 BRICKELL KEY DR #1019 Address: CALLE SANTA ANA NO. 3, COUNTRY CLUB

City-St-Zip: MIAMI, FL 33131 City-St-Zip: CARACAS, DF VENEZUELA

Title: VP () Delete Title: () Change () Addition

 Name:
 ROJAS JR, AQUILES J
 Name:

 Address:
 RE VANESSA PH
 Address:

 City-St-Zip:
 RAUL LEONI, MATURIN, MO, VENEZUEL
 City-St-Zip:

Title: LT () Delete Title: () Change () Addition

 Name:
 ROJAS, LUIS X
 Name:

 Address:
 CALLE STA ANA #3
 Address:

 City-St-Zip:
 CARACAS, VENEZUELA, CC VENEZUELA
 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: TERESITA DE ROJAS P 04/30/2009