2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029810

FILED Aug 27, 2004 Secretary of State

Entity Name: THE ACADEMY OF SOUTH FLORIDA, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	TH DIXIE HW` T GROVE, FL			
Current Mailing Address:			New Mailing Address:	
	TH DIXIE HW' T GROVE, FL			
FEI Number	: 65-0919361	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	l Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:
283 CATA CORAL G	LFONSO J LONIA AVE 2N ABLES, FL 33	134 US	urpose of changing i	ts registered office or registered agent, or both,
	e of Florida.	subtilities and state-ment for the p	arpece or enanging i	to registered emice of registered agent, or beat,
SIGNATUI				
		nic Signature of Registered Age		Date
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notic	e.
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PEREZ, ALFON	A AVE 2ND FLOOR	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition PEREZ, ALFONSO 283 CATALONIA AVE 2ND FLOOR CORAL GABLES, FL 33134
Title: Name: Address: City-St-Zip:	SASTRE, JON 3100 SOUTH D	Delete IXIE HWY DVE, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PEREZ, CHRIS 3100 SOUTH D		Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition PEREZ, CHRISTOPHER 3100 SOUTH DIXIE HWY COCONUT GROVE, FL 33133
Title: Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	VD () Change (X) Addition TOSADO, BEN 3100 SOUTH DIXIE HWY COCONUT GROVE, FL 33133
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	VD () Change (X) Addition PEREZ, ANDRE 3100 SOUTH DIXIE HWY COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALFONSO PEREZ PD 08/27/2004