

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000053623

1. Entity Name
KBA ACADEMIES - 2, INC.



FILED

07 JUN 11 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
29501 S.W. 152ND AVE
LEISURE CITY, FL 33033

Mailing Address
29501 S.W. 152ND AVE
LEISURE CITY, FL 33033

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



05242007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0973192

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ-RIVERA, LOURDES
29501 S.W. 152 AVE.
LEISURE CITY, FL 33033

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME RODRIGUEZ, JORGE M
STREET ADDRESS 29501 S.W. 152ND AVE
CITY-ST-ZIP LEISURE CITY, FL 33033 ☒ Delete

TITLE P
NAME RODRIGUEZ-RIVERA, LOURDES
STREET ADDRESS 29501 S.W. 152 AVE.
CITY-ST-ZIP LEISURE CITY, FL 33033 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME JULIA E. RODRIGUEZ
STREET ADDRESS 29501 S.W. 152 AVE.
CITY-ST-ZIP LEISURE CITY, FL 33033 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900104424179
06/15/07--01021--013 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE: Julia E. Rodriguez 6-5-07 305-242-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #