

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000053623

Entity Name: KBA ACADEMIES - 2, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0973192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: RODRIGUEZ, JULIA E  
Address: 29501 S.W. 152ND AVE  
City-St-Zip: LEISURE CITY, FL 33033 US

Title: P  
Name: RODRIGUEZ-RIVERA, LOURDES  
Address: 29501 S.W. 152 AVE.  
City-St-Zip: LEISURE CITY, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: JUAN R. RIVERA

D

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date