

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-26-2004 90007 036 ***150.00

FILED V23165

SECRETARY OF STATE
DIVISION OF CORPORATION

04 AUG 27 PM 2:18

DOCUMENT # V23165

1. Entity Name

ACADEMY SCHOOL OF BROWARD COUNTY, INC.



Principal Place of Business

648 RIVERSIDE DR.
CORAL SPRINGS FL 33071
US

Mailing Address

NENA KAUFMAN
2735 AVENUE AU SOLEK
DELRAY BEACH FL 33483-6133
US

44049765



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0320587

Applied For

Not Applicable

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

KAUFMAN, NINA
648 RIVERSIDE DRIVE
CORAL SPRINGS FL 33701

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTS	<input type="checkbox"/> Delete
NAME	KAUFMAN, NINA	
STREET ADDRESS	2735 AVE AU SOLEIL	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAUFMAN, DAVID	
STREET ADDRESS	2735 AVE. AU. SOLEK	
CITY-ST-ZIP	GULFSTREAM FL 33483-6133	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Nina Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nina Kaufman 6/24/04 561/479-3180
Date Daytime Phone #

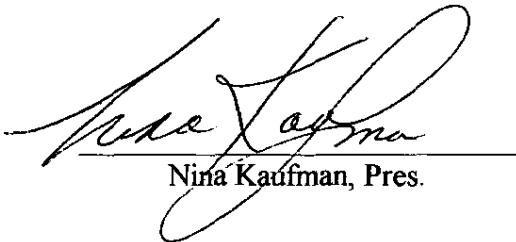
ACADEMY SCHOOL OF BROWARD COUNTY, INC
23123 STATE RD 7 # 106
BOCA RATON, FL. 33428

AUGUST 20.2004

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Due to the critical illness of our accountant, the annual report was not received by the school. All mail would have been handled by the accountant but because he was in the hospital he did not receive the annual report

We respectfully request that the annual report be accepted as filed.



Nina Kaufman, Pres.