2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V23165

1. Entity Name
ACADEMY SCHOOL OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
648 RIVERSIDE DR. CORAL SPRINGS, FL 33071 US	NENA KAUFMAN 2735 AVENUE AU SOLEL DELRAY BEACH, FL 33483-6133 US

40077404

04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0320587		Not Applicable

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

6. Name and Address of Current Registered Agent

KAUFMAN, NINA
648 RIVERSIDE DRIVE
CORAL SPRINGS, FL 33701

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. - - - ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	KAUFMAN, NINA
STREET ADDRESS	2735 AVE AU SOLEIL
CITY-ST-ZIP	GULFSTREAM, FL 33483
TITLE	VP
NAME	KAUFMAN, DAVID
STREET ADDRESS	2735 AVE. AU. SOLEK
CITY-ST-ZIP	GULFSTREAM, FL 334836133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #