

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000060179

**Entity Name:** FLORIDA EDUCATION INSTITUTE, INC.

**Current Principal Place of Business:**

5818 SW 8 STREET  
MIAMI, FL 33144

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC6678981224**

**Current Mailing Address:**

9321 SW 4 ST  
#108  
MIAMI, FL 33174 US

**FEI Number: 65-0527372**

**Certificate of Status Desired: Yes**

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

VALENTI, RAMON  
9321 SW 4 ST  
#108  
MIAMI, FL 33174 US

*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

**Officer/Director Detail :**

Title DP  
Name VALENTI, RAMON  
Address 9321 SW 4 ST #108  
City-State-Zip: MIAMI FL 33174

Title DS  
Name CASTILLO, LUIS R  
Address 9420 SW 57 TERR  
City-State-Zip: MIAMI FL 33173

Title DV  
Name VALENTI, BARBARA I  
Address 10731 SW 34 STREET  
City-State-Zip: MIAMI FL 33165

Title DT  
Name MARTINEZ, SANTIAGO  
Address 6318 SW 43 STREET  
City-State-Zip: MIAMI FL 33155

*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: RAMON VALENTI**

**PRESIDENT**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date