### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # F05000006877  1. Entity Name EDUCATIONAL SERVICES CENTER, INC.						03-21-2006 90022 044 ***150.00				
Principal Plac 2 LOUIS AVE MONSEY, NY		Mailing Address 2 LOUIS AVE MONSEY, NY 10952								
2. Principal P	lace of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc	Suite, Apt. #, etc		02102006	Chg-P	CR2E034 (11/05)			
City & State		City & State	City & State		4. FEI Number	15-346	56911 AP	plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of	Status Desired	See Required			
	6. Name and Address of Current R	legistered Agent		Mama	7. Name and A	ddress of New Re	egistered Agent			
PAESON	MARTIN		'	Name						
RAFSON, MARTIN 8232 PLAYA DEL SUR BLVD LAKE WORTH, FL 33467				Street Address (P.O. Box Number is Not Acceptable)						
			(	City			FL Zip Code	2		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered	office or register	ed agent, or both,	in the State of Flor	rida. I am familiar with,	and accept		
SIGNATURE_	Signature typed or printed name of registered agent are	io title d'applicable. (NOTE F		gent signature required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	ng <b>\$5.</b>	00 May Be ed to Fees							
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTORS	3 IN 11		
TITLE  NAME  STREET ADORESS  CITY+ST-ZIP	D FRANKEL, ABRAHAM 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE NAME STREET A CITY-ST				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEE, IRENE 2 LOUIS AVE MONSEY, NY 10952	☐ Delate	THTLE NAME STREET A CITY-ST-				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FRANKEL, MARCIA 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FRANKEL, EMANUEL 2 LOUIS AVE MONSEY, NY 10952	☐ Delete	TITLE NAME STREET A CITY-ST-	1			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	<b>I</b>			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	<b>I</b>			☐ 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 attachmost with an address, with all other tike empowered.

SIGNATURE:

3-16-06

Daylime Phone #

### **Division of Corporations**

# ATTACHMENT 40035131 Page 1 of 2

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### 2006 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

F05000006877

Business Entity Name EDUCATIONAL SERVICES CENTER, INC.

Original File Date

11/22/2005

FEI Number

Principal Address 2 LOUIS AVE

MONSEY, NY 10952

Mailing Address

2 LOUIS AVE

MONSEY, NY 10952

Registered Agent MARTIN RAFSON

8232 PLAYA DEL SUR BLVD LAKE WORTH, FL 33467 US

#### Officer/Director Name And Address

ABRAHAM FRANKEL 2 LOUIS AVE

**MONSEY, NY 10952** 

D

IRENE GEE 2 LOUIS AVE

MONSEY, NY 10952

PS

MARCIA FRANKEL

2 LOUIS AVE

MONSI-Y, NY 10952

VPT

EMANUEL FRANKEL

2 LOUIS AVE

MONSEY, NY 10952

## ATTACHMENT # FOSCOODO 6877

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	RPORATION STATEMENT	DIV	DEPARTMENT O Secretary of State ISION OF CORPORATION	NS	L	10035	131	
1. Corporat	JMENT# ation Name Education	onal Serv	rices l'enter					
2. Principa Suite, Apt. #	OUIS HENUE #, etc.	Office Address Aver Ours Aver , etc.	nue	CR2E081 (12/05)  4. Date Incorporated or Qualified To Do Business in Florida 3-5-06				
City & State	NY	City & State	ca i Ali	u/	5. FEI Numbe	er	Applied For	
7 / 0// Zip	Country	Zip	Country	/	6.	-3465691	Not Applicable  3.75 Additional Fee required	
1095	2 USA	1095	2 U	S M		OF STATUS DESIRED	for a Certificate of Status	
	Name Warding	0.0		ment vedisten	ed Agent			
	Street Address (P.O. Box Numl		on Del Sur L	Rouland	old			
İ	Suite, Apt. #, Etc.	riaya L	iel Jur L	)ou ley	uia_			
	city Lako	Worth				State Zip Code FL 3346	7	
8. I, being	appointed the registered agent of	the above named corp	oration, am familiar with a	nd accept the ob	oligations of section	on 607.0505 or 617.0503, F.	S.	
Signature of Registered A	of Agent	550075550	OFFIT HUNT CICH			Date	<del></del>	
9. Names	s and Street Addresses of Each Of		SENT MUST SIGN	ns must list at lea	ast 3 directors)			
Titles	and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le  Name of Street Address of Eac Officers and/or Directors Officer and/or Directors				th City / State / 7in			
Dic.	Abraham Fr	ankel	2 houis	Avor	iue	Hansey	1)4 10852	
λ· ζ	Trong bee		2 /10015	Avenu		Marca	1/4 10953	
0<	Harris Fra	V.I	1 /Aug	Allan	10	Alaca .	14 10952	
100	FIGURE FULL	TANK 1	2 /	Aven	ر مان	Adio Ca	1000	
Vr'	Zmanyei "	unkes .	a rour	1100110		Monsey r	5 10X2	
this rein	y that I am an officer or director or t instatement application, the reason by the corporation have been paid a application is true and accurate, a	for dissolution has bee and the names of indivi	in eliminated, the corporate duals listed on this form do	e name satisfies o not qualify for a	the requirements an exemption con	of section 607.0401 or 617.	0401, F.S., that all fees	
SIGNAT	TURE: SIGNATURE AND TYPE	D OR PRINTED NAME OF	SIGNING OFFICER OR DIRE	ECTOR	3-	-16-06 Date Da	aytime Phone #	