

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006877

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: EDUCATIONAL SERVICES CENTER, INC.

**Current Principal Place of Business:**

2 LOUIS AVE  
MONSEY, NY 10952

**New Principal Place of Business:**

**Current Mailing Address:**

2 LOUIS AVE  
MONSEY, NY 10952

**New Mailing Address:**

FEI Number: 13-3465691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAFSON, MARTIN  
7025 ANTINORI LANE  
BOYNTON BEACH, FL 33437      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: FRANKEL, ABRAHAM  
Address: 2 LOUIS AVE  
City-St-Zip: MONSEY, NY 10952

Title: D      ( ) Delete  
Name: GEE, IRENE  
Address: 2 LOUIS AVE  
City-St-Zip: MONSEY, NY 10952

Title: PS      ( ) Delete  
Name: FRANKEL, MARCIA  
Address: 2 LOUIS AVE  
City-St-Zip: MONSEY, NY 10952

Title: VPT      ( ) Delete  
Name: FRANKEL, EMANUEL  
Address: 2 LOUIS AVE  
City-St-Zip: MONSEY, NY 10952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ABE FRANKEL

ADIM

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date