2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# K09664

Entity Name: FLORIDA NATIONAL COLLEGE, INC.

Current Principal Place of Business:

4425 W 20 AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4425 W 20 AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0021295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, OMAR
8902 S.W. 81ST TERR.
MIAMI, FL 33173 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:	P	( ) Delete
Name:	REGUEIRO, JOSE	
Address:	11909 SAILBOAT RD	
City-St-Zip:	ROCK CREEK, FL 33026	
Title:	CEOV	( ) Delete
Name:	REGUEIRO, MARIA C	
Address:	11909 SAILBOAT RD	
City-St-Zip:	ROCK CREEK, FL 33026	
Title:	V	( ) Delete
Name:	SANCHEZ, OMAR	
Address:	8902 SW 81ST TR	
City-St-Zip:	MIAMI, FL 33173	
Title:	CONT	( ) Delete
Name:	ANDREU, LOURDES C	
Address:	16840 NW. 82 COURT	
City-St-Zip:	MIAMI, FL 33016	
Title:	VP	( ) Delete
Name:	ANDREU, FRANK	
Address:	18225 NW. 12 CT.	
City-St-Zip:	PEMBROKE PINES, FL 33029	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOURDES ANDREU CONT 01/05/2005

Electronic Signature of Signing Officer or Director — Date