


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90016 004 ****55.00

DOCUMENT # L01000013862

1. Entity Name
AMERICAN NATIONAL EMPLOYMENT & TRAINING AGENCY, LLC



Principal Place of Business
**141 NW 20 STREET
 UNIT B-5
 BOCA RATON, FL 33431**

Mailing Address
**MAIL MANAGEMENT UNIT
 P.O. BOX 811330
 BOCA RATON, FL 33431**

2. Principal Place of Business
 Suite, Apt. #, etc.:

3. Mailing Address
 Suite, Apt. #, etc.:

City & State

Zip Country

04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1132423

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

**INT'L FINANCIAL & LEGAL SERVICES
 FL HEADQUARTER
 P.O. BOX 970399
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURIN, SERGEY V 22615 SW 66 AVENUE 304 BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINLEY, CHANDLER R 1645 PALM BEACH LAKES BLVD. 460 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLINE, ANDREW V 7319 VIA LEONARDO LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSTANT, STANLEY 141 NW 20 STREET B-5 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETROSYAN, LIUDMILA S 6503 MILITARY TRAIL 1001 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUMIACHER, PAUL G 1817 SOUTH OCEAN DRIVE 623 HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAKHAROV, DENIS 4821 NW 4-TH AVENUE POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIMITROV, VALENTIN 8 BIELO POLE SOFIA, BULGARIA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sergey V. Gurin, Director and Member* **04-20-2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #