2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# P02000070875

Entity Name: FLORIDA NURSING ACADEMY INC.

Current Principal Place of Business:

5460 N STATE RD 7
218
FT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5460 N STATE RD 7
218
FT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 01-0723369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANZELLINI, ALBERTO SR
605 HERALDO CT
KISSIMMEE, FL 34758

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: ANZELLINI, ALBERTO SR
Address: 605 HERALDO CT
City-St-Zip: KISSIMMEE, FL 34758

Title: V ( ) Delete
Name: ANZELLINI, VINCENZO SR
Address: 5909 SANDSTONE AV
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HOSEIN ALVAREZ, ASGAR ALI SR
Address: 5460 N. STATE RD 7 SUITE 218
City-St-Zip: FT LAUDERDALE, FL 33319 US

Title: D ( ) Change (X) Addition
Name: HOSEIN, ERROL
Address: 5460 N. STATE RD 7 SUITE 218
City-St-Zip: FT LAUDERDALE, FL 33319 US

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: ALBERTO ANZELLINI P 03/08/2004

Electronic Signature of Signing Officer or Director — Date