

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070875

Entity Name: FLORIDA NURSING ACADEMY INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

5460 N STATE RD 7
118
FT LAUDERDALE, FL 33319

Current Mailing Address:

5460 N STATE RD 7
118
FT LAUDERDALE, FL 33319

New Principal Place of Business:

5460 N STATE RD 7
101
FT LAUDERDALE, FL 33319

New Mailing Address:

5460 N STATE RD 7
101
FT LAUDERDALE, FL 33319

FEI Number: 01-0723369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANZELLINI, ALBERTO
4120 SAPPHIRE ST
WESTON, FL 33331 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: ANZELLINI, ALBERTO
Address: 4120 SAPPHIRE ST
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: HOSEIN ALVAREZ, ASGAR ALI
Address: 8201 NW 9TH CT
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Delete
Name: HOSEIN, ERROL
Address: 8201 NW 9TH CT
City-St-Zip: PLANTATION, FL 33324 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERROL HOSEIN

MR

04/19/2006

Electronic Signature of Signing Officer or Director

Date