

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057954

FILED
Apr 29, 2004
Secretary of State

Entity Name: HEALTH EDUCATION TRAINING SCHOOL, INC.

Current Principal Place of Business:

7823 NE 2ND AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

7921 NE 2ND AVENUE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 73-1674640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUGENE, OSNI
7921 N E 2ND AVE.
MIAMI, FL 33138 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: EUGENE, OSNI
Address: 7921 N E 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: ROBIN, ERMANE
Address: 7921 N E 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: JOSEPH, MARC ANTOINE
Address: 7921 N E 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: DOLE, MARIE
Address: 7921 N E 2ND AVE.
City-St-Zip: MIAMI, FL 33138

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 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: OSNI EUGENE

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date