

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000070956

FILED
Jan 06, 2012
Secretary of State

Entity Name: ARRENDELL'S TRAINING & CONSULTING, INC.

Current Principal Place of Business:

1835 NE MIAMI GARDENS DRIVE
SUITE 196
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1835 NE MIAMI GARDENS DRIVE
SUITE 196
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARRENDELL, JULIA
1835 NE MIAMI GARDENS DRIVE
SUITE 196
NORTH MIAMI BEACH, FL 33179 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

OFFICERS AND DIRECTORS:

Title: P
Name: ARRENDELL, JULIA
Address: 1835 NE MIAMI GARDENS DRIVE / #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T
Name: ARRENDELL, JULIA
Address: 1835 NE MIAMI GARDENS DRIVE / #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S
Name: ARRENDELL, JULIA
Address: 1835 NE MIAMI GARDENS DRIVE / #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D
Name: ARRENDELL, JULIA
Address: 1835 NE MIAMI GARDENS DRIVE / #196
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: JULIA ARRENDELL

PRES

01/06/2012

Electronic Signature of Signing Officer or Director

Date