2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR

FILED
Mar 01, 2004 8:00 am
Secretary of State
02-10-2004 90105 023 ****50.00

DOCUMENT # L03000031456

1. Entity Name

EXECUTIVE TRAINING ACADEMY, LLC

34000894

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
780 NW 42 AV. 420 MIAMI FL 33126 US	780 NW 42 AV. 420 MIAMI FL 33126 US

2. Principal Place of Business	3. Mailing Address
40 Street	40 Street
Suite, Apt. #, etc. 8346 SW	Suite, Apt. #, etc. 8346 S.W
City & State MIAMI	City & State MIAMI
Zip / Country 33155-3354 / FLORIDA	Zip / Country 33155-3354 / FLORIDA

4. FEI Number 76-0739322 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAZZA-MARTINEZ, TANIA A 780 NW 42 AV. 420 MIAMI FL 33126	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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS CALIMAN, ALBES A 780 NW 42 AV. SUITE 420 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS CALIMAN, Albes. A. 8346 SW. 40ST MIAMI FL. 33155	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VELAZCO, ILKA M 780 NW 42 AV. SUITE 420 MIAMI FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VELAZCO, ILKA M 8346 SW 40ST. MIAMI FL. 33155	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] ILKA VELAZCO MANAGER 02/04/2004 3053031061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #