

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062810

Entity Name: PINES VOCATIONAL TRAINING INSTITUTE, INC.**Current Principal Place of Business:**13035 NW 9TH CRT.
PEMBROKE PINES, FL 33028**Current Mailing Address:**13035 NW 9TH CRT.
PEMBROKE PINES, FL 33028**FEI Number:** 26-3630137**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GENUS, GISELLE M
13035 NW 9TH CRT.
PEMBROKE PINES, FL 33028 US*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**Officer/Director Detail :**

Title	D
Name	GENUS, GISELLE
Address	13035 NW 9TH CRT
City-State-Zip:	PEMBROKE PINES FL 33028

Title	D
Name	GENUS, JENNIFER
Address	13035 NW 9TH CRT.
City-State-Zip:	PEMBROKE PINES FL 33028

Title	D
Name	GENUS, MICHAEL
Address	13035 NW 9TH CRT
City-State-Zip:	PEMBROKE PINES FL 33028

Title	D
Name	SEIFERT, SANDRA D
Address	1400 PALMETTO AVE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	D
Name	LATTIE, JANET
Address	53 ROYALTY CIRCLE
City-State-Zip:	OWINGS MILLS MD 21117

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: GISELLE GENUS**REGISTERED AGENT****02/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date