

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000005134

**Entity Name:** 16-14 HOURS CONTINUING EDUCATION SCHOOL, INC.

**Current Principal Place of Business:**

2500 NW 79 AVE  
MIAMI, FL 33122

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC4087312576**

**Current Mailing Address:**

2500 NW 79 AVE  
MIAMI, FL 33122 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAO, WILTON A  
2500 NW 79 AVE  
MIAMI, FL 33122 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	P	Title	P
Name	PAO, WILTON A	Name	ALLDAY, ATLANA K
Address	2500 NW 79 AVE	Address	2500 NW 79 AVE
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122

*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:** PAO WILTON

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date