

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729845

FILED
Jan 25, 2005
Secretary of State

Entity Name: THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES, INC.

Current Principal Place of Business:

3180 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3180 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 23-7410605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GISSEN, MATTHEW
3180 BISCAYNE BLVD.
MIAMI, FL 33137 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: PD () Delete
Name: STEINBERG, RICHARD
Address: 300 EAST CHARLESTON BLVD., #300
City-St-Zip: LAS VEGAS, NV 89104

Title: VD () Delete
Name: HOLDER, JAY
Address: 975 41ST ST.
City-St-Zip: MIAMI, FL 33155

Title: STD () Delete
Name: SILVERMAN, ADAM
Address: 839 HERITAGE DR.
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: AST () Delete
Name: GRIZZLE, NANCY
Address: 569 NW 208 WAY
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: CD () Delete
Name: CASSINGER, MARY
Address: 2950 S INDUSTRIAL RD.
City-St-Zip: LAS VEGAS, NV 89109

Title: D () Delete
Name: WALSH, TOM
Address: 180 28TH AVE.
City-St-Zip: SAINT PETERSBURG, FL 33704

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:

Title: CD (X) Change () Addition
Name: CASSINGER, MARY
Address: 900 GRIER DRIVE
City-St-Zip: LAS VEGAS, NV 89119

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY GRIZZLE

AST

01/25/2005

Electronic Signature of Signing Officer or Director

Date