2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747624

FILED Apr 28, 2008 Secretary of State

Entity Name: SOUTH FLORIDA CENTER FOR FINANCIAL TRAINING, INC. (SFCFT)

Same III F	rincinal Place	of Business:	Now Princ	ipal Place of Business:
	•	or Busiliess.	IACAA EIIIIC	ilpui i lace di Busilless.
245 NE 4T ROOM 370	04-10			
MIAMI, FL				• • •
Current IV	lailing Addres	SS:	New Maili	ng Address:
245 NE 4T ROOM 370 MIAMI, FL	04-10			
FEI Number	: 59-1293887	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
_AGUNA, 245 NE 4T MIAMI, FL	HST ROOM 3	704-10		
	named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or bot
SIGNATUI				
	Electron	ic Signature of Registered Ag	ent	Date
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECT
Γitle: Name:	D ()	Delete	Title:	() Change () Addition
Address: City-St-Zip:	HICKS, BETH F 200 S. BISCAYI MIAMI, FL 331:	NE BLVD., STE 4620	Name: Address: City-St-Zip:	()g- ()
Address:	200 S. BISCAYI MIAMI, FL 331: S () LAGUNA, CONN	NE BLVD., STE 4620 31 US Delete NIE, REET, ROOM 3704-10	Address:	()Change()Addition
Address: City-St-Zip: Fitle: Name: Address:	200 S. BISCAYI MIAMI, FL 331: S () LAGUNA, CONN 245 NE 4TH ST MIAMI, FL 331:	NE BLVD., STE 4620 31 US Delete NIE, REET, ROOM 3704-10 32 US Delete IAN MGR STREET	Address: City-St-Zip: Title: Name: Address:	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	200 S. BISCAYI MIAMI, FL 331: S () LAGUNA, CONI 245 NE 4TH ST MIAMI, FL 331: T/D () DELBUSTO, JU 9100 NW 36TH MIAMI, FL 331:	NE BLVD., STE 4620 31 US Delete NIE, REET, ROOM 3704-10 32 US Delete NAN MGR STREET 26 Delete AEL REG. EX KES DR. WEST	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition P/D (X) Change () Addition DELBUSTO, JUAN MGR 9100 NW 36TH STREET
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address: Address: Name: Address:	200 S. BISCAYI MIAMI, FL 331: S () LAGUNA, CONN 245 NE 4TH ST MIAMI, FL 331: T/D () DELBUSTO, JU 9100 NW 36TH MIAMI, FL 331: P/D () VELASCO, ISRA 7900 MIAMI LAI MIAMI LAKES, I D () LYDTING, DARI 900 SE 3RD ST	NE BLVD., STE 4620 31 US Delete NIE, REET, ROOM 3704-10 32 US Delete AN MGR STREET 26 Delete AEL REG. EX KES DR. WEST FL 33016 Delete REN SVP	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition P/D (X) Change () Addition DELBUSTO, JUAN MGR 9100 NW 36TH STREET MIAMI, FL 33126 T/D (X) Change () Addition CASTIGLIA, ATHAN PRES 150 ALHAMBRA CIRCLE, STE 100

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CONNIE LAGUNA DIR 04/28/2008