

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747624

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

245 NE 4TH ST
ROOM 3704-10
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

245 NE 4TH ST
ROOM 3704-10
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 59-1293887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAGUNA, CONNIE
245 NE 4TH ST ROOM 3704-10
MIAMI, FL 33132 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: D
Name: HICKS, BETH PARTNER
Address: 1450 BRICKELL AVENUE, SUITE 2610
City-St-Zip: MIAMI, FL 33131 US

Title: S
Name: LAGUNA, CONNIE EX. DIR
Address: 245 NE 4TH STREET, ROOM 3704-10
City-St-Zip: MIAMI, FL 33132 US

Title: C/D
Name: DELBUSTO, JUAN MGR
Address: 9100 NW 36TH STREET
City-St-Zip: MIAMI, FL 33126

Title: T/D
Name: VELASCO, ISRAEL REG. EX
Address: 7900 MIAMI LAKES
City-St-Zip: MIAMI LAKES, FL 33016

Title: P/D
Name: FRANCO-ESPINOSA, ELOINA CFO
Address: 1401 BRICKELL AVENUE, SUITE 1500
City-St-Zip: MIAMI, FL 33131 US

Title: D
Name: BEJARANO, ANTONIO J MGR.
Address: 4000 PONCE DE LEON BLVD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33146

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

SIGNATURE: CONNIE LAGUNA

S

02/16/2011

Electronic Signature of Signing Officer or Director

Date