

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005735

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: SULLIVAN & COGLIANO TRAINING CENTERS, INC.

## Current Principal Place of Business:

7700 NORTH KENDALL DR.  
MIAMI, FL 331567564 US

## New Principal Place of Business:

## Current Mailing Address:

7700 NORTH KENDALL DR.  
MIAMI, FL 331567564 US

## New Mailing Address:

FEI Number: 04-3196474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, NANCY  
7700 NORTH KENDALL DR.  
MIAMI, FL 331567564 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete  
Name: COGLIANO, HERBERT S  
Address: 12 ALCORN CROSSING  
City-St-Zip: WESTFORD, MA 01886

Title: VTD ( ) Delete  
Name: COGLIANO, JOHN M  
Address: 9 ISLAND PATH  
City-St-Zip: WESTFORD, MA 01886

Title: D ( ) Delete  
Name: COGLIANO, JOHN JR  
Address: 9 ISLAND PATH  
City-St-Zip: WESTFORD, MA 01886

Title: SD ( ) Delete  
Name: COGLIANO, JAMES J  
Address: 11 PRESERVATION WAY  
City-St-Zip: WESTFORD, MA 01886

Title: D ( ) Delete  
Name: COGLIANO, AUDREY A  
Address: 9 ISLAND PATH  
City-St-Zip: WESTFORD, MA 01886

## 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: ( ) 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT S. COGLIANO

PDC

04/06/2007

Electronic Signature of Signing Officer or Director

Date