

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90402 001 ***150.00
04-30-2004 90402 002 *****8.75

DOCUMENT # J38976

1. Entity Name

CORAL RIDGE TRAINING SCHOOL, INC.



Principal Place of Business

2740 EAST OAKLAND PARK BOULEVARD
301
FORT LAUDERDALE FL 33306-1626

Mailing Address

2740 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306-1626

2. Principal Place of Business

2740 E. OAKLAND PK. BLVD

3. Mailing Address

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

Zip

FLORIDA

Country

BROWARD

Zip

33306

Country

4. FEI Number

65-0002030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBERT, JOSEPH A.
2400 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME MAIS, ETHLINE ☐ Delete
STREET ADDRESS 2740 E OAKLAND PK BLVD
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME BARRETT, DAISY ☐ Delete
STREET ADDRESS 2315 NW 40TH STREET
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

Daytime Phone #