


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K46573</b> 1. Entity Name <b>STOCKBROKERS TRAINING SCHOOL, INC.</b>	
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Principal Place of Business <b>2200 VETERANS BLVD. SUITE 115 KENNER, LA 70062 US</b>	Mailing Address <b>2200 VETERANS BLVD. SUITE 115 KENNER, LA 70062 US</b>
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**DO NOT WRITE IN THIS SPACE**

08112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, DEWITT M  
12640 SW 114TH AVENUE  
MIAMI, FL 33176**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORADEL, ALBERTO R 1721 MISSOURI AVE. KENNER, LA 70062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORADEL, ANA 1721 MISSOURI AVE. KENNER, LA 70062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MORADEL, JACOB L 8737 24TH ST. METAIRIE, LA 70003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/15/04-80009-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 my address, with all other like empowered.

**SIGNATURE:**  **8/7/04** **(504) 465-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #