

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90105 023 \*\*\*\*50.00

**DOCUMENT # L03000031456**

1. Entity Name

**EXECUTIVE TRAINING ACADEMY, LLC**



Principal Place of Business

780 NW 42 AV.  
420  
MIAMI FL 33126  
US

Mailing Address

780 NW 42 AV.  
420  
MIAMI FL 33126  
US

**34000894**



MOORE CR2E083 (11/03)

2. Principal Place of Business

**40 Street**  
Suite, Apt. #, etc.  
**8346 SW**  
City & State  
**MIAMI**  
Zip  
**33155-3354** Country  
**FLORIDA**

3. Mailing Address

**40 Street**  
Suite, Apt. #, etc.  
**8346 S.W**  
City & State  
**MIAMI**  
Zip  
**33155-3354** Country  
**FLORIDA**

4. FEI Number

**76-0739322**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A**  
**780 NW 42 AV.**  
**420**  
**MIAMI FL 33126**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE PS ☐ Delete  
NAME **CALIMAN, ALBES A**  
STREET ADDRESS **780 NW 42 AV. SUITE 420**  
CITY-ST-ZIP **MIAMI FL 33126**

TITLE VPD ☐ Delete  
NAME **VELAZCO, ILKA M**  
STREET ADDRESS **780 NW 42 AV. SUITE 420**  
CITY-ST-ZIP **MIAMI FL 33126**

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

10. ADDITIONS/CHANGES

TITLE PS ☒ Change ☐ Addition  
NAME **CALIMAN, ALBES A.**  
STREET ADDRESS **8346 SW 40ST**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE VPD ☒ Change ☐ Addition  
NAME **VELAZCO, ILKA M**  
STREET ADDRESS **8346 SW 40ST**  
CITY-ST-ZIP **MIAMI FL 33155**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: IKA VELAZCO MANAGER** **02/04/2004** **3053031061**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #