


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004508**

1. Entity Name  
 RICHMOND PERRINE REALTY REAL ESTATE CAREER  
 JOB TRAINING PROGRAM, INC.



Principal Place of Business 14660 LINCOLN BLVD. MIAMI, FL 33176	Mailing Address 14660 LINCOLN BLVD. MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

( N00000004508N )

01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1030138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RACKLEY, HERMAN  
 14660 LINCOLN BLVD.  
 MIAMI, FL 33176

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, PAMELA L 11332 SW 164 TERR MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD WHIPPLE, BOBBY L SR 10755 SW 173 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FREEMAN, CHARLES L 11220 SW 138 ST MIAMI, FL 33176
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U000000305284  
 04/14/05-80078-001 70.00

**DO NOT WRITE IN THIS SPACE**

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 617, 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: Hermon Rackley 4-10-05 (305)255-3708

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