


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90002 012 ****70.00

DOCUMENT # N01000003923

1. Entity Name
TRI TECH PREPARATORY SCHOOL, INC.




Principal Place of Business
**1515 NW 167TH ST
 SUITE 150
 MIAMI, FL 33169**

Mailing Address
**1515 NW 167TH ST
 SUITE 150
 MIAMI, FL 33169**

24003403

2. Principal Place of Business
100 NE 191 Street
 Suite, Apt. #, etc.
Miami, Florida
 City & State

3. Mailing Address
P.O. Box 694124
 Suite, Apt. #, etc.
Miami
 City & State
Florida



08192004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1113051

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **33179** Country **U.S.** Zip **33269** Country **U.S.**

6. Name and Address of Current Registered Agent

TRICE, PETRENA
16950 N BAY RD #808
MIAMI, FL 33060

2871 NE 185 St #204
33180

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 *P. Trice* *Petrena Trice* *9/2/04*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TRICE, PETRENA	
STREET ADDRESS	16950 N BAY RD #808	
CITY-ST-ZIP	MIAMI, FL 33060	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALLACE, TREZAVIEUR S	
STREET ADDRESS	211 N VALLEY STREET	
CITY-ST-ZIP	BURBANK, CA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRIDGES-MORGAN, VALERIA	
STREET ADDRESS	952 NW 87 ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *P. Trice* *Petrena Trice* *9/2/04* *(305) 620-4222*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #