

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 23, 2004 8:00 am**  
**Secretary of State**

09-23-2004 90067 001 \*\*\*\*\*8.75  
09-23-2004 90067 002 \*\*\*\*\*61.25

DOCUMENT # N01000003933

1. Entity Name  
TEEN JOB CORPS, INC.



Principal Place of Business  
210-71ST STREET  
310  
MIAMI BEACH, FL 33141

Mailing Address  
210-71ST STREET  
310  
MIAMI BEACH, FL 33141



2. Principal Place of Business  
7251 COLLINS AVE  
Suite, Apt. #, etc.

3. Mailing Address  
7356 GARY AVE  
Suite, Apt. #, etc.

07222004 Chg-NP CR2E037 (10/03)

City & State  
MIAMI BEACH FL  
Zip  
33141  
Country  
USA

City & State  
MIAMI BEACH FL  
Zip  
33141  
Country  
USA

4. FEI Number  
01-0731644  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRITZ, NEIL  
210 71ST STREET SUITE 310  
500 71ST STREET, SUITE 1  
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name DEBORAH RUGGIERO  
Street Address (P.O. Box Number is Not Acceptable)  
7356 GARY AVE.  
MIAMI BEACH FL 33141

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

7/27/04  
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CD THOMPSON, MICHAEL 2140 CALAIS DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE LA ESPRIELLA, DAVID 1000 WASHINGTON AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIBBIN, JERRY 500 71ST STREET, SUITE 1 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04 305 868-0635  
Date Daytime Phone #



Attachment

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 16, 2004

TEEN JOB CORPS, INC.  
C/O 7356 GARY AVENUE  
MIAMI BEACH, FL 33141

SUBJECT: TEEN JOB CORPS, INC.  
Ref. Number: N01000003933

We have received your document for TEEN JOB CORPS, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

All changes need to be reflected on annual report. (registered agent & address changes)

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 204A00050262

Attached  
66434064  
**Division of Corporations**

**Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **N01000003933**

Tracking Number: **700038536557**

The charge for your Annual Report is  
**\$61.25**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

**(Continue)**

**Sunbiz Home Page**

**Public Access Help**



Attachment  
66434064

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 22, 2004

TEEN JOB CORPS, INC.  
210-71ST STREET  
310  
MIAMI BEACH, FL 33141

SUBJECT: TEEN JOB CORPS, INC.  
Ref. Number: N01000003933

We have received your document for TEEN JOB CORPS, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 404A00046419

Mr. Scott -

An additional check is enclosed  
as per our conversation for a  
certificate of status @ new address.  
Thank You,  
Sibana Luggiero  
TJC Director