


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004286
 1. Entity Name
FLORIDA INSTITUTE OF CONSTRUCTION CAREERS, INC.



Principal Place of Business 164 NW 80 AVE MARGATE, FL 33063	Mailing Address 164 NW 80 AVE MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1153543	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAIL, RICK
 164 N W 80 AVE
 MARGATE, FL 33063

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7. 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

Filing Fee is \$61.25 Due by May 1, 2004	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4000000114507 04/15/04-80053-004 70 00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASCHE, JAMES 14750 NW 77 CT #220 MIAMI LAKES, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOZIER, BILL 3832 NW 187 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAIL, RICK 164 NW 80 AVE MARGATE, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: *Rick Nail*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____