2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002333

FILED Mar 12, 2004 Secretary of State

Entity Name: PARTNERS FOR AMERICAN VOCATIONAL EDUCATION, INC.

4500 C\A/	-	e of Business:	New Principal Place	New Principal Place of Business:	
STE 717	160 AVE R, FL 33027				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4508 SW STE 717 MIRAMAF	160 AVE R, FL 33027				
FEI Numbei	: 52-1327303	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
1180 SW	DEAN PRES. 159 TERRACE KE PINES, FL		GRIFFIN, DEAN PRE: 4508 SW 160 AVENUE SUITE 717 MIRAMAR, FL 33027		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DEAN GRIFFIN				03/12/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	S AND DINEC		,		
Title: Name: Address: City-St-Zip:	CH (SHUBERT, LO) Delete RI CAN WAY #202	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address:	CH (SHUBERT, LO 1001 N AMERI MIAMI, FL 331 DP (GRIFFIN, DEAI 1180 SW 159) Delete RI CAN WAY #202 132) Delete N	Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	CH (SHUBERT, LO 1001 N AMERI MIAMI, FL 331 DP (GRIFFIN, DEAI 1180 SW 159 PEMBROKE P) Delete RI CAN WAY #202 132) Delete N TERRACE INES, FL 33027) Delete ELLY / WOOD LANE	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN GRIFFIN PRES 03/12/2004