2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008102

FILED May 11, 2005 Secretary of State

Entity Name: LABOR POWER EMPLOYMENT & TRAINING, INC.

Current Principal Place of Business: New Principal Place of Business:

1035 NE 125TH STREET 1665 W. 68TH STREET

SUITE 202 SUITE 201

N.MIAMI, FL 33161 HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

1035 NE 125TH STREET 1665 W. 68TH STREET SUITE 202 SUITE 201

N.MIAMI, FL 33161 HIALEAH, FL 33014

FEI Number: 20-0201705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS, LAVERNE STEPHENS, LAVERNE L
NE 125TH STREET 1665 W. 68TH STREET
SUITE 202 SUITE 201

NORTH MIAMI, FL 33161 US HIALEAH, FL 33014 US

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.

SIGNATURE: LAVERNE L. STEPHENS 05/11/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 PRAY, MARITZA
 Name:
 STEPHENS, LAVERNE L

Address: NE 125TH STREET, SUITE 202 Address: 1665 W. 68TH STREET, SUITE 201

City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: HIALEAH, FL 33014

Title: VTD () Delete Title: VP (X) Change () Addition

 Name:
 FINN, WILLIAM
 Name:
 CASTRANOVA, JOE

 Address:
 NE 125TH STREET, SUITE 200
 Address:
 483 LAKE COMO DRIVE

 City-St-Zip:
 NORTH MIAMI, FL 33161
 City-St-Zip:
 POMONA PARK, FL 32181

Name: CASTRANOVA, JOSEPH Name: SCHREIBER, PAUL
Address: NE 125TH STREET, SUITE 200 Address: 1665 W. 68TH STREET, SUITE 201

City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: HIALEAH, FL 33014

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: LAVERNE L. STEPHENS P 05/11/2005