

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 029 ***150.00

DOCUMENT # N03000009661 1. Entity Name EDUCATION AND TRAINING CONNECTIONS, INC.					
Principal Place of Business 3114 SOUTHWEST 1ST AVENUE MIAMI, FL 33129-2746			Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 1671 SW 32 Place Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, FL			City & State		
Zip 33145		Country US		4. FEI Number 20-0376048	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUMRUK, ANDY J CPA 717 E. OAK STREET KISSIMMEE, FL 34744				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 _____ DATE _____ Signature typed or printed name of registered agent and date I am located. (NOTE: Registered Agent signature required when missing)					
Filing Fee is \$81.25 Due by May 1, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VONDRACEK, BONNIE 3114 SOUTHWEST 1ST AVENUE MIAMI, FL 33329	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1671 SW 32 Place Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENKINS, DALE 1903 SOUTHEAST SIR LANCELOT DR PORT ST. LUCIE, FL 34962	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEREZ, NELSON 0250 SW 76 STREET MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D Brown, Ann 4563 Alhama Street Orlando, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 add-on, with all other like empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/28/04 Date	

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