

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000003901**

1. Entity Name  
**TEACHERS TRAINING INSTITUTE, INC.**



Principal Place of Business  
**7195 LAGO DRIVE EAST  
CORAL GABLES, FL 33145-6512**

Mailing Address  
**7195 LAGO DRIVE EAST  
CORAL GABLES, FL 33145-6512**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1524415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**VISEDIO-HIDALGO, MICHELLE T ESQ.  
9367 SW 98 COURT  
MIAMI, FL 33176**

**DO NOT WRITE  
IN THIS SPACE**

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, the registered agent.

SIGNATURE: DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000399913  
02/01/06-80030-026 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TAVEL-VISEDIO, MARIA
STREET ADDRESS	7195 LAGO DRIVE EAST
CITY - ST - ZIP	CORAL GABLES, FL 331456512

TITLE	D
NAME	TAVEL, JAVIER
STREET ADDRESS	101105 S.W. 115 COURT
CITY - ST - ZIP	MIAMI, FL 33176

TITLE	D
NAME	VISEDIO-HIDALGO, MICHELLE T ESQ.
STREET ADDRESS	9367 SW 98 COURT
CITY - ST - ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR