

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005530

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE ROBERT FISHMAN INSTITUTE FOR TRAINING & RESEARCH, INC.

Current Principal Place of Business:

4400 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

4401 SHERIDAN STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

4400 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

4401 SHERIDAN STREET
HOLLYWOOD, FL 33021

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, ROBERT
4400 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

FISHMAN, ROBERT
4401 SHERIDAN STREET
HOLLYWOOD, FL 33021 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: ROBERT FISHMAN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FISHMAN, ROBERT
Address: 4400 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: FISHMAN, ROBERT
Address: 4401 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT FISHMAN

PS

04/30/2009

Electronic Signature of Signing Officer or Director

Date