


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # N95000005977	
1. Entity Name EL-JANEZ HUMAN RESOURCE AND EDUCATION CENTER, INC.	

Principal Place of Business 7320 NW 85 CT BUILDING #8263 TAMARAC, FL 33321 US	Mailing Address 7320 NW 85 CT BUILDING #8263 TAMARAC, FL 33321 US
--	--



04272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0759758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ANDERSON, JANET Y 7320 NW 85 CT BLDG 8203 TAMARAC, FL 33321
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ANDERSON, JANET 7320 NW 85 CT BLDH 8203 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BERN, BARBARA 701 NW 18TH AVE, BLDG B FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, IAN ANTHONY 7320 NW 85TH CT, BLDG 8 FT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GORDON, PHILLIP 11950 NW 4TH COURT PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, SHARON 11950 NW 4TH COURT PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNET, JANE 7320 NW 85 COURT TAMARAC, FL 33321

U00000355940 05/04/05-80015-017 61.25
<b>DO NOT WRITE IN THIS SPACE</b>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Janet Anderson 4/29/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #