## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000006086

Address:

City-St-Zip:

3500 N CONGRESS

WEST PALM, FL 33406

Entity Name: TECHNI - PRO INSTITUTE INC

FILED May 09, 2004 Secretary of State

		11011011012110			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	DERAL HWY NBEACH, FL 33	3435 US			
Current M	lailing Address	<b>s:</b>	New Mailing Address	New Mailing Address:	
	DERAL HWY NBEACH, FL 33	3435 US			
FEI Number:	: 65-0728391	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	urrent Registered Age	nt: Name and Address o	Name and Address of New Registered Agent:	
3639 S FE	TE, GILBERT DERAL HWY NBEACH, FL 33	3435			
The above in the State	named entity sue of Florida.	ubmits this statement fo	r the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
		c Signature of Registere	ed Agent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () D POOLE, JULENE 3009 S TERR DF WEST PALM BE	र	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [ LOUIS-JEUNE, S 1218 S DIXIE HV LAKE WORTH, F	٧Y	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E LIVIO, KATIE 500 SCOTIA DR. HYPOLUXO, FL	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()[ EUGENIE, JOSE	Delete PH	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SERGE LOUIS-JEUNE D 05/09/2004