

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006658

FILED
Apr 30, 2007
Secretary of State

Entity Name: RECRUITMENT AND TRAINING PROJECT ECONOMIC DEVELOPMENT CORPORATION

Current Principal Place of Business:

5524 NW 7TH AVE
1ST FL
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5524 NW 7TH AVE
1ST FL
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0880092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, SAMUEL
5524 NW 7TH AVE
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MOORE, ADDIE
Address: 17610 NW 13TH COURT
City-St-Zip: MIAMI, FL 33169

Title: RA () Delete
Name: MASON, SAMUEL
Address: 17301 NW 24TH AVE
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: WALKER, RENEE
Address: 17301 NW 13TH CRT
City-St-Zip: MIAMI, FL 33169

Title: PD () Delete
Name: MASON, SAMUEL
Address: 17301 NW 24TH AVE
City-St-Zip: MIAMI, FL 33056

Title: CS () Delete
Name: MAXWELL, MARY
Address: 17610 NW 13TH ST
City-St-Zip: MIAMI, FL 33169

Title: VC () Delete
Name: BARER, BONITA MS
Address: 5524 NW 7TH AVE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL MASON

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date