

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001512

FILED
Sep 17, 2004
Secretary of State**Entity Name:** THE SOUTH FLORIDA EMPLOYMENT TRAINING AND DEVELOPMENT CORPORATION**Current Principal Place of Business:**153 NE 97TH STREET
MIAMI SHORES, FL 33138**New Principal Place of Business:****Current Mailing Address:**153 NE 97TH STREET
MIAMI SHORES, FL 33138**New Mailing Address:****FEI Number:** 31-1640071**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVEILLE, ANTOINE
1225 NE 200 TERR
MIAMI, FL 33179 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: P () Delete
Name: LEVEILLE, ANTOINE
Address: 1225 NE 200 TERR
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: ETIENNE, DAVID
Address: 161 NE 30 COURT
City-St-Zip: POMPANO BEACH, FL 33064

Title: S () Delete
Name: FRANCOIS, JOEL
Address: 581 NW 99 STREET
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: CHARLES, PIERRE
Address: 153 NE 97 STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARIE LOURDES, JEAN PHILIPPE
Address: 153 NE 97 STREET
City-St-Zip: MIAMI SHORES, FL 33138

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 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.

SIGNATURE: ANTOINE LEVEILLE

P

09/17/2004

Electronic Signature of Signing Officer or Director_____
Date