

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001512

FILED  
Apr 29, 2005  
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: MARIE LOURDES, JEAN PHILIPPE  
Address: 153 NE 97 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHARLES, PIERRE  
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:

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: PIERRE CHARLES

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date