2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90184 020 ***158.75

DOCUMENT # P00000083994

1. Entity Name
NIGHT SYSTEMS INTERNATIONAL TRAINING CENTER, CORP.

Principal Place of Business	Mailing Address
14540 S.W. 136TH STREET SUITE 216 MIAMI, FL 33186	14540 S.W. 136TH STREET SUITE 216 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

C1282004 No Chg-P CR2E094 (10/03)

4. Fill Number
65-1037006
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RICARDO A
AIRPORT EXECUTIVE TOWER II
7270 N.W. 12TH STREET, P.H. 9
MIAMI, FL 33126

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

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	RODRIGUEZ, JOSE ALBERTO
STREET ADDRESS	19450 S W 208TH STREET
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	~~DPS~~
NAME	~~MALDONADO, JOSE ANGEL~~ Delete
STREET ADDRESS	~~28701 SW 210 AVENUE~~
CITY-ST-ZIP	~~HOMESTEAD, FL 33030~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Jose A. Rodriguez 28 APR 04 305-815-7845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #