


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000089763 1. Entity Name TOTAL INTERNATIONAL CAREER CENTER, INC.	
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Principal Place of Business 3060 W 12 AVE. HIALEAH, FL 33012	Mailing Address 3060 W 12 AVE. HIALEAH, FL 33012
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03142003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRECILLA, JULIO E 3060 W 12 AVE. HIALEAH, FL 33012	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRECILLA, JULIO E 590 EAST 49TH ST., 2ND FLOOR HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, HOPE 3060 W 12 AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLEGOS, HERNANDO 3060 W 12 AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRECILLA, KAREN 3060 W. 12 AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/24/04-80004-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  *Julio E. Torrecilla* 5/19/04 (205) 283-5305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #