

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000031225

FILED
Aug 29, 2005
Secretary of State

Entity Name: CENTER FOR PROFESSIONAL TRAINING AND DEVELOPMENT, INC.

Current Principal Place of Business:

915 NE 125TH STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

915 NE 125TH STREET
NORTH MIAMI, FL 33161

New Mailing Address:

915 NE 125TH STREET
200
NORTH MIAMI, FL 33161

FEI Number: 65-0443331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, ANTHONY
915 NE 125TH STREET
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

FRANCOIS, ANTHONY
915 NE 125TH STREET
200
NORTH MIAMI, FL 33161 US

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: ANTHONY FRANCOIS

08/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANCOIS, ANTHONY
Address: 915 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRANCOIS, ANTHONY
Address: 915 NE 125TH STREET # 200
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Change (X) Addition
Name: PLACIDE, JUDITH
Address: 915 NE 125 STREET # 200
City-St-Zip: NORTH MIAMI, FL 33161

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUTHONY FRANCOIS

D

08/29/2005

Electronic Signature of Signing Officer or Director

Date