

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041751

FILED
Jan 14, 2005
Secretary of State

Entity Name: SIGMA INSTITUTE OF HEALTH CAREERS, INC.

Current Principal Place of Business:

5546 W OAKLAND PK BLVD 212
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

5546 W OAKLAND PK BLVD
201
LAUDERHILL, FL 33313

Current Mailing Address:

5546 W OAKLAND PK BLVD 212
FORT LAUDERDALE, FL 33313

New Mailing Address:

5546 W OAKLAND PK BLVD
201
LAUDERHILL, FL 33313

FEI Number: 65-1112361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN-DALEY, VANILYN
5546 W OAKLAND PK BLVD
#201
LAUDERHILL, FL 33313 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN-DALEY, VANILYN
Address: 5546 WEST OAKLAND PARK SUITE # 201
City-St-Zip: LAUDERHILL, FL 33313

Title: V () Delete
Name: CHUANG, MIRIAM
Address: 5546 WEST OAKLAND PARK BLVD. SUITE # 201
City-St-Zip: LAUDERHILL, FL 33343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROWN-DALEY, VANILYN
Address: 5546 WEST OAKLAND PARK SUITE # 201
City-St-Zip: LAUDERHILL, FL 33313

Title: VP (X) Change () Addition
Name: CHUANG, MIRIAM
Address: 5546 WEST OAKLAND PARK BLVD. SUITE # 201
City-St-Zip: LAUDERHILL, FL 33313

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: VANILYN BROWN-DALEY

P

01/14/2005

Electronic Signature of Signing Officer or Director

Date