

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000041751

**FILED**  
**Nov 08, 2005**  
**Secretary of State****Entity Name:** SIGMA INSTITUTE OF HEALTH CAREERS, INC.**Current Principal Place of Business:**5546 W OAKLAND PK BLVD  
201  
LAUDERHILL, FL 33313**New Principal Place of Business:**2800 W. OAKLAND PARK BLVD  
204  
OAKLAND PARK, FL 33311**Current Mailing Address:**5546 W OAKLAND PK BLVD  
201  
LAUDERHILL, FL 33313**New Mailing Address:**2800 W. OAKLAND PARK BLVD.  
204  
OAKLAND PARK, FL 33311**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:**BROWN-DALEY, VANILYN  
2800 W. OAKLAND PARK BLVD  
204  
OAKLAND PARK, FL 33311 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:** VANILYN BROWN-DALEY

11/08/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** BROWN-DALEY, VANILYN  
**Address:** 5546 WEST OAKLAND PARK SUITE # 201  
**City-St-Zip:** LAUDERHILL, FL 33313**Title:** VP ( ) Delete  
**Name:** CHUANG, MIRIAM  
**Address:** 5546 WEST OAKLAND PARK BLVD. SUITE # 201  
**City-St-Zip:** LAUDERHILL, FL 33313**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** BROWN-DALEY, VANILYN  
**Address:** 2800 W. OAKLAND PARK BLVD., SUITE 204  
**City-St-Zip:** OAKLAND PARK, FL 33311**Title:** VP (X) Change ( ) Addition  
**Name:** CHUANG, MIRIAM  
**Address:** 2800 W. OAKLAND PARK BLVD., SUITE 204  
**City-St-Zip:** OAKLAND PARK, FL 33311

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

PRES

11/08/2005

Electronic Signature of Signing Officer or Director

Date