

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041751

FILED
Jan 12, 2007
Secretary of State

Entity Name: SIGMA INSTITUTE OF HEALTH CAREERS, INC.

Current Principal Place of Business:

2800 W. OAKLAND PARK BLVD
204
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

2800 W. OAKLAND PARK BLVD.
204
OAKLAND PARK, FL 33311

New Mailing Address:

FEI Number: 65-1112361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN-DALEY, VANILYN
2800 W. OAKLAND PARK BLVD
204
OAKLAND PARK, FL 33311 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: PRES () Delete
Name: BROWN-DALEY, VANILYN
Address: 2800 W. OAKLAND PARK BLVD., SUITE 204
City-St-Zip: OAKLAND PARK, FL 33311

Title: VP () Delete
Name: CHUANG, MIRIAM
Address: 2800 W. OAKLAND PARK BLVD., SUITE 204
City-St-Zip: OAKLAND PARK, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/12/2007

Electronic Signature of Signing Officer or Director

Date