

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047482

FILED
May 18, 2004
Secretary of State

Entity Name: COMMUNITY VOCATIONAL TRAINING CENTER, INC.

Current Principal Place of Business:

135 W. 12TH ST.
RIVIERA BCH, FL 33404

New Principal Place of Business:

Current Mailing Address:

135 W. 12TH ST.
RIVIERA BCH, FL 33404

New Mailing Address:

FEI Number: 65-1107076 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALTIDOR, HOLMER
135 W 12 ST
RIVIERA BEACH, FL 33404 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALTIDOR, ELEANOR
Address: 135 W. 12TH ST.
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: ALTIDOR, HOLMER
Address: 135 W. 12TH ST.
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: ALAND, MARIE
Address: 135 W. 12TH ST.
City-St-Zip: RIVIERA BCH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DUVERSON, CHRISTINE
Address: 8994 NOKOMIS AVE
City-St-Zip: WEST PALM BEACH, FL 33409

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: HOLMER ALTIDOR

MR.

05/18/2004

Electronic Signature of Signing Officer or Director

_____ Date