

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90351 036 ***158.75

DOCUMENT # P01000078832

1. Entity Name
BROWARD CAREER INSTITUTE, INC.



Principal Place of Business
**9125 TAFT ST.
PEMBROKE PINES, FL 33024**

Mailing Address
**9125 TAFT ST.
PEMBROKE PINES, FL 33024**

24048165



2. Principal Place of Business
**9145 TAFT ST.
Suite, Apt. #, etc.
PEMBROKE PINES, FL
City & State
33024
Zip Country**

3. Mailing Address
**9145 TAFT ST.
Suite, Apt. #, etc.
PEMBROKE PINES, FL
City & State
33024
Zip Country**

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0559764

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUILLEN, PAULA
9125 TAFT ST
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name **<SAME>**
Street Address (P.O. Box Number is Not Acceptable)
9145 TAFT ST.
City **PEMBROKE PINES** FL Zip Code **33024**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paula Guillen PAULA GUILLEN** **4/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **GUILLEN, PAULA G**
STREET ADDRESS **9041 SW 54TH ST.**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **S** ☐ Delete
NAME **GARCIA, MICHAEL**
STREET ADDRESS **9125 TAFT ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Garcia** **4/15/04** **(954) 431-3636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #