2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000098449

1. Entity Name
ENHANCED SKILLS TRAINING ALTERNATIVES, INC.

Principal Place of Business	Mailing Address
1121 TROTWOOD BLVD WINTER SPRINGS, FL 32708	PO BOX 561414 ORLANDO, FL 32856-1414

01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746635

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIEVES, MARIBEL
2031 BASIL DR
ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U00000137537
04/29/04-80045-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NIEVES, MARIBEL
STREET ADDRESS	2031 BASIL DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	DS
NAME	SANCHEZ DE MAUNEZ, MARIA D
STREET ADDRESS	1121 TROTWOOD BLVD
CITY-ST-ZIP	WINTER SPRINGS, DT 32708
TITLE	DT
NAME	ERISMAN, VIRGINIA C
STREET ADDRESS	2667 FITZHUGH RD
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Maribel Nieves 3-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #