2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014935

Entity Name: AB&C CAREER INSTITUTE, INC

1115 NE 209TH TERRACE

MIAMI, FL 33179

Address:

City-St-Zip:

FILED Mar 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	CAYNE BLVD		1031 IVES DAIRY RD		
# 350 AVENTUR	RA, FL 33180	US	SUITE 240 MIAMI, FL 33179 US		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	CAYNE BLVD		1031 IVES DAIRY RD		
# 350 AVENTUR	RA, FL 33180	US	SUITE 240 MIAMI, FL 33179 US		
FEI Number	: 02-0543794	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	FRIERSON, WI 209TH TERR. . 33179 US	ENDY			
The above in the State	named entity se of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	V () OWENS-FRIER 1115 NE 209TH MIAMI, FL 331	ITERR	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	P () GLOVER-CLAR 12875 NO MIAN MIAMI, FL 331	/II AVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	T () AVITABILE, GE 2243 VAN BRU HOLLYWOOD,	EN, APT. #10	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	S () TUCKER, STEF	Delete PHAN	Title: (Name:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WENDY OWENS FRIERSON PRES 03/19/2008