

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90357 010 ***150.00

DOCUMENT # P02000095232

1. Entity Name
CENTER FOR CAREER TRAINING INC.



Principal Place of Business
3286 N STATE RD 7
LAUDERDALE LAKES, FL 33319

Mailing Address
3286 N STATE RD 7
LAUDERDALE LAKES, FL 33319

60029522



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUNFORD, MAUVA
3190 N. STATE RD. 7
LAUDERDALE LAKES, FL 33319

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNFORD, MAUVA
STREET ADDRESS	3286 N. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	COSTANZO, SUZETTE
STREET ADDRESS	3286 N. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	CAMPBELL, ANDREA
STREET ADDRESS	3286 N. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	CAMPBELL, CLYTIE
STREET ADDRESS	3286 N. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
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 exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

Daytime Phone # _____