

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053005

FILED
May 19, 2004
Secretary of State

Entity Name: INSTITUTE HEALTH CAREERS TRAINING CENTER, INC

Current Principal Place of Business:

6673 RACKELL CLUB DR.
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

6673 RACKELL CLUB DR.
LAUDERHILL, FL 33319

New Mailing Address:

99 NW 183RD STREET SUITE 205
MIAMI, FL 33169

FEI Number: 59-1064233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOISE, ELIAS
4520 SW 38TH STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

DELROY, BEJAMIN
99 NW 183RD STREET SUITE 205
MIAMI, FL 33169 US

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: DELROY BEJAMIN

05/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELIAS, MOISE
Address: 4520 SW 38TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: MENARD, JEAN-ROBERT
Address: 150 NE 175TH STREET
City-St-Zip: MIAMI, FL 33162

Title: VP () Delete
Name: MOISE, YANITHE
Address: 22149 SW 103RD AVENUE
City-St-Zip: MIAMI, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELROY, BEJAMIN
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

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

Title: D (X) Change () Addition
Name: SEJOURS, MARIE
Address: 99 NW 183RD STREET
City-St-Zip: MIAMI, FL 33169

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: DELROY BEJAMIN

D

05/19/2004

Electronic Signature of Signing Officer or Director

Date