

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073565

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** CAREER ASSESSMENT VOCATIONAL EVALUATION, INC.

**Current Principal Place of Business:**

5975 WEST SUNRISE BLVD.  
SUITE # 203  
SUNRISE, FL 333136813 US

**New Principal Place of Business:**

**Current Mailing Address:**

5975 WEST SUNRISE BLVD.  
SUITE # 203  
SUNRISE, FL 333136813 US

**New Mailing Address:**

**FEI Number:** 20-0071038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOVOA AND ASSOCIATES, INC.  
6731 SW 6TH ST  
MIAMI, FL 331443617 US

**Name and Address of New Registered Agent:**

JASPER, IVAN P  
5975 W SUNRISE BLVD  
SUITE 203  
SUNRISE, FL 33313 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: IVAN P. JASPER

04/21/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: JASPER, IVAN P  
Address: 5975 WEST SUNRISE BLVD SUITE # 203  
City-St-Zip: SUNRISE, FL 333136813 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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.

SIGNATURE: IVAN P. JASPER

PVST

04/21/2009

Electronic Signature of Signing Officer or Director

Date