

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110391

Entity Name: VOVA TRAINING CENTER, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

405 PINE ST
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

1271 SKYLARK DRIVE
WESTON, FL 33327

New Mailing Address:

164 N POWERLINE RD
POMPAÑO BEACH, FL 33069

FEI Number: 59-3773202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, YVONNE
1271 SKYLARK DRIVE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

SILVA, YVONNE
8560 SW 20TH CT
DAVIE, FL 33324 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: YVONNE N SILVA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SHER, VICTOR
Address: 7710 BANYAN TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: P () Delete
Name: SILVA, YVONNE
Address: 1271 SKYLARK DRIVE
City-St-Zip: WESTON, FL 33327

Title: V () Delete
Name: SILVA, SERGIO P
Address: 1271 SKYLARK DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SILVA, YVONNE
Address: 8560 SW 20TH CT
City-St-Zip: DAVIE, FL 33324

Title: V (X) Change () Addition
Name: SILVA, SERGIO P
Address: 8560 SW 20TH CT
City-St-Zip: DAVIE, FL 33324

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: YVONNE N SILVA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date