2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004
Secretary of State

DOCUMENT# P03000136350

Entity Name: LYDIE INTERNATIONAL NURSING ACADEMY, INC.

Current Principal Place of Business:

18441 NW 2ND AVENUE
SUITE 220
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 680865
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 20-0429692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIOST, DELIARD MR.
18441 NW 2ND AVENUE
SUITE 220
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ELIZABETH, FASAKIN MS.
18441 NW 2ND AVENUE
SUITE 220
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: EFASAKIN 06/01/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AKANDE, MOHAMED MR.
Address: 18441 NW 2ND AVENUE, SUITE 220
City-St-Zip: MIAMI, FL 33169 US

Title: VP ( ) Delete
Name: AKANDE, ELIZABETH MRS.
Address: 18441 NW 2ND AVENUE, SUITE 220
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EAKANDE VP 06/01/2004
Electronic Signature of Signing Officer or Director Date