

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000151701

**FILED**  
**Oct 22, 2007**  
**Secretary of State**

**Entity Name:** HEBRON TECHNICAL INSTITUTE OF HEALTH, INCORPORATED

**Current Principal Place of Business:**

99 NW 183RD STREET  
205  
MIAMI, FL 33169

**New Principal Place of Business:**

20835 NW 2ND AVENUE  
MIAMI, FL 33169

**Current Mailing Address:**

99 NW 183RD STREET  
205  
MIAMI, FL 33169

**New Mailing Address:**

20835 NW 2ND AVENUE  
MIAMI, FL 33169

**FEI Number:** 59-3774090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOISE, ELIAS  
99 NW 183RD STREET SUITE 205  
MIAMI, FL 33169 US

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

MOISE, ELIAS  
20835 NW 2ND AVENUE  
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: ELIAS MOISE

10/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOISE, ELIAS  
Address: 99 NW 183RD STREET SUITE 205  
City-St-Zip: MIAMI, FL 33169

Title: P ( ) Delete  
Name: VINCENT, YANITHE L  
Address: 99 NW 183RD STREET SUITE 205  
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete  
Name: LAGUERRE, JEANLUKE  
Address: 99 NW 183RD STREET SUITE 205  
City-St-Zip: MIAMI, FL 33169

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

Title: P (X) Change ( ) Addition  
Name: MOISE, ELIAS  
Address: 20835 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: P (X) Change ( ) Addition  
Name: VINCENT, YANITHE L  
Address: 20835 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

Title: VP (X) Change ( ) Addition  
Name: LAGUERRE, JEANLUKE  
Address: 20835 NW 2ND AVENUE  
City-St-Zip: MIAMI, FL 33169

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: YANITHE L. VINCENT

P

10/22/2007

Electronic Signature of Signing Officer or Director

Date