

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019360

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: GOLDBERG INTERNATIONAL NURSING ACADEMY

## Current Principal Place of Business:

5498 GATE LAKE ROAD  
TAMARAC, FL 33319

## New Principal Place of Business:

325 SE FAITH TERRACE  
PORT SAINT LUCIE, FL 34983

## Current Mailing Address:

5498 GATE LAKE ROAD  
TAMARAC, FL 33319

## New Mailing Address:

325 SE FAITH TERRACE  
PORT SAINT LUCIE, FL 34983

FEI Number: 20-0733918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIOST, DELIARD  
5498 GATE LAKE ROAD  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

ARIOST, DELIARD  
325 SE FAITH TERRACE  
PORT SAINT LUCIE, FL 34983 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: ARIOST DELIARD

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DELIARD, ARIOST  
Address: 5498 GATE LAKE ROAD  
City-St-Zip: TAMARAC, FL 33319

Title: VP ( ) Delete  
Name: REGISTRE, GARCENDI G  
Address: P O BOX 590124  
City-St-Zip: TAMARAC, FL 33359

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DELIARD, ARIOST  
Address: 325 SE FAITH TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: ARIOST DELIARD

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date