


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000027096</b>		
1. Entity Name <b>GREATER MIAMI HEALTH EDUCATION AND TRAINING CENTER, INC.</b>		

FILED

05 AUG 15 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03-17-05 96016 043 \$150.00  
02262005 Chg-P CR2E034 (10/03)

Principal Place of Business <b>8260 NE 2ND AVE MIAMI, FL 33138</b>	Mailing Address <b>8260 NE 2ND AVE MIAMI, FL 33138</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>20-0734126</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PIERRE, LAURINUS 8260 NE 2ND AVE MIAMI, FL 33138</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


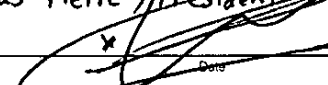
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIERRE, LAURINUS 8260 NE 2ND AVE MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \*  **DR. Laurinus Pierre, President**  **8/9/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JAIME MAYA**  
CERTIFIED PUBLIC ACCOUNTANT  
7705 N.W. 23 STREET  
PEMBROKE PINES, FLORIDA 33024  
Telephone: Miami (305) 401-8435 Broward (954) 981-4819 Fax: (954) 981-3128  
E-Mail: OMYCPA@AOL.COM

08-06-2005

Division of Corporations  
Uniforms Business Reports Filing  
P.O. Box 6327  
Tallahassee, Fl 32314

RE: Greater Miami Health Education Training Center, Inc.  
EIN: 20-0734126  
Document Number: P04000027096  
Uniform Business Report-Year 2005

Dear Sirs:

To follow up on my telephone call with your office today, we are enclosing a duplicate signed year 2005 Uniform Business Report. As indicated in your records, the original form was filed during March, 2005, but the Federal Identification number was inadvertently excluded. The Company's federal identification number has been added as requested. Although the gentleman I spoke to said that your records indicated payment of the fee, we are enclosing a copy of the cancelled check.

Your attention is appreciated.

Sincerely,



Jaime Maya  
Certified Public Accountant

enclosure  
xc-Greater Miami Health Education Training Center, Inc.