

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080323	
1. Entity Name FLORIDA ADULT VOCATIONAL CENTER INCORPORATED	



FILED  
05 JUL 25 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 8325 N.E. 2ND AVENUE MIAMI, FL 33138	Mailing Address 8325 N.E. 2ND AVENUE MIAMI, FL 33138
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2. Principal Place of Business 8365 NE 2nd Avenue Suite, Apt. #, etc. 203	3. Mailing Address 920 NW 179 St Suite, Apt. #, etc.
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City & State Miami Fla.	City & State Miami Fla.
Zip 33138	Zip 33169
Country None	Country None



07012005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0869955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERNARD, LESLY 920 N.E. 179TH STREET MIAMI, FL 33169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PCEO JEAN-BAPTISTE, CHRISTINE 920 N.W. 179TH STREET MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: Jean-Baptiste Christine 7/20/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #