

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90015 017 \*\*\*163.75

DOCUMENT # P04000080323

1. Entity Name

FLORIDA ADULT VOCATIONAL CENTER INCORPORATED



Principal Place of Business  
8365 N.E. 2ND AVENUE  
203  
MIAMI FL 33138

Mailing Address  
920 NW 179 ST  
MIAMI FL 33169



2. Principal Place of Business - No P.O. Box #  
**995 NE 167 st**

3. Mailing Address

Suite, Apt. #, etc.  
**102**

Suite, Apt. #, etc.

City & State  
**N M B.**

City & State

Zip  
**33162**

Country  
**NMB**

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number  
**55-0869955**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARD, LESLY  
920 N.E. 179TH STREET  
MIAMI FL 33169

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☒ **\$5.00** May Be Added to Fees  
Trust Fund Contribution

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Christine Jean-Baptiste* C.E.O.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #