

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90010 031 \*\*\*150.00

<b>DOCUMENT # P04000113496</b>					
<b>1. Entity Name</b> PRIMAT TRAINING CENTER INC.					
<b>Principal Place of Business</b> 1599 NW 60TH AVE. MIAMI, FL 33313			<b>Mailing Address</b> 1599 NW 60TH AVE. MIAMI, FL 33313		
<b>2. Principal Place of Business</b> 2460 W OAKLAND Suite, Apt. #, etc. OAKLAND PARK BULD City & State FL		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State			
Zip 33311		Country Broward		Zip Country	
<b>4. FEI Number</b> 75-3163874					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> DORDILLE, VILIA 1599 NW 60TH AVE. MIAMI, FL 33313			<b>7. Name and Address of New Registered Agent</b> Name: VILIA DORDILLE Street Address (P.O. Box Number is Not Acceptable): 1599 NW 60TH AVE City: Sunrise FL Zip Code: 33313		
<b>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.</b> SIGNATURE: <u>Vilia Dordille</u> DATE: <u>08-31-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORDILLE, VILIA 1599 NW 60TH AVE. MIAMI, FL 33313	<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	V MORICETTE, JEAN RENE 1599 NW 60TH AVE. MIAMI, FL 33313	<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	S CHARLES, AGATHE 1599 NW 60TH AVE. MIAMI, FL 33313	<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	
<b>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.</b>					
SIGNATURE: <u>Vilia Dordille</u> DATE: <u>08-31-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>					