2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 8:00 am Secretary of State

	ANNUA	LREPORT		02-11-2005 90050 011 ***150.00					
1. Entity Nan	MENT # P04000170 ETY TRAINING, INC.	0837							
Principal Place of Business Mailing Address									
1037 TOPS		PO BOX 780175	PO BOX 780175			66005726			
SEBASTIAN, FL 32978					000037	£ 0,	· · · · · · · · · · · · · · · · · · ·		
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2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.	02012		CR2E034 (10	/03)			
City & Stat	e	City & State		4. FEII	4. FEI Number 20-20481		Applied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired		Not Applicable \$8.75 Additional		
<u> </u>	6. Name and Address of Current	Registered Apent			e and Address of New	F69 R8	dripped		
		Lagrange väger	Name	7. IVANE	A NIK MORES OF USA	refristered Affett			
POMPA J	OSER POPSAIL LANE		Street #	Address (P O Boy 1	Vumber is Not Acceptable	<u></u>			
	RIAN, FL		30000	worded (F.U. DOX)	(P.O. Box Number is Not Acceptable)				
	, · · ·								
			City			FL Zip	Code		
8. The above	named entity submits this statement f	or the purpose of changing its	registered office o	r registered agent,	or both, in the State of F	1	with, and accept		
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SIGNATURE.	Signature, typed or printed name of registered agen	e and title if applicable. (NOTE	: Registered Agent signs	ture required when reinsts:	ong)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.	9. Election Campai Trust Fund Contr		\$5.00 May Added to Fee:	Be s				
10.	OFFICERS AND	DIRECTORS	11.	ADDIT	ONS/CHANGES TO OF	ICERS AND DIREC	TORS IN 11		
TITLE	D DOWN JOSE D	Ocieta	TITLE	D		₩ 01	ange 🔲 Addition		
NAME STREET ADDRESS	POMPA, JOSE R 1037 TOPSOIL LANE		NAME STREET ADDRESS	POMPA,					
CITY-ST-ZIP	SEBASTIAN, FL		CITY-ST-ZIP		PSAIL LANE		:		
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NAME			NAME	,					
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TITLE	<u> </u>	☐ Deleta	TITLE	 	· · · · · ·		2000		
NAME		LJ Veleta	NAME			U CA	ange 🔲 Addition *		
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NAME	[□ Deleta	NAME			Cha	ange 📑 Addition		
STREET ADDRESS			STREET ADDRESS	1			Ì		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	<u> </u>		- 13-			
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental report i	h this filing does not qualify for is true and accurate and that m	the exemption stary signature shall h	ted in Section 119. have the same lens	07(3)(i), Florida Statutes.	I further certify that oath: that I am an o	the information flicer or director		

12. Indeed certify that the information supplied with this iting does not quality 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:	- fissi	front			PA 1	Parsinzul	2-4-20	-473-0	475
	BICHATURE	MO TYPES OR PRINTED NAM	NE OF EIGNING OFFICER	R OR DURECTOR		Date	Dafts	me Phone #	i