

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013136

1. Entity Name
FLORIDA TRAINING SCHOOL INC



FILED

06 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7640 NW 25TH STREET UNIT 111
MIAMI, FL 33122

Mailing Address
7640 NW 25TH STREET UNIT 111
MIAMI, FL 33122

2. Principal Place of Business

1460 N.W. 107 AVE

Suite, Apt. #, etc.

SUITE 0

City & State

MIAMI FL.

Zip

33172

Country

U.S.A.

3. Mailing Address

1460 N.W. 107 AVE

Suite, Apt. #, etc.

SUITE 0

City & State

MIAMI FL.

Zip

33172

Country

U.S.A.



04282006 Chg-P CR2E034 (11/05)

5/ FEI Number

Applied For

Not Applicable

6/ Certificate of Status Desired

☐

%0/86 Beejupobm
G11Sfrvjde

7/ Obn f lboelBeesf t t lpgDveaf ouSf hjt u f elBhf ou

8/ Obn f lboelBeesf t t lpgDf x ISf hjt u f elBhf ou

BERNAL, RAMIRO
7640 NW 25TH STREET UNIT 111
MIAMI, FL 33122

Address change
ONLY.

Name

Street Address (P.O. Box Number is Not Acceptable)

1460 N.W.

107

AVE Suite 0

City

MIAMI

FL.

GM

Zip Code

33172

9/ 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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

1/ Election Campaign Financing
Trust Fund Contribution.

☐

%6/11 NbzKCI
Beef elpKCI

300074811549

05/18/06--01025--015 **150.00

21/ OFFICERS AND DIRECTORS

22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BERNAL, RAMIRO
STREET ADDRESS 7640 NW 25TH STREET UNIT 111
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☒ Change ☐ Addition
NAME 1460 N.W. 107 AVE SUITE 0
STREET ADDRESS MIAMI FL. 33172
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERNAL, LUZ STELLA
STREET ADDRESS 7640 NW 25TH STREET UNIT 111
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☒ Change ☐ Addition
NAME 1460 N.W. 107 AVE SUITE 0
STREET ADDRESS MIAMI FL. 33172
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

T.JOBUSF;

[Signature]

T.JOBUSFIBOENLZCFEIP SIOBQUPICRIPFEMWQUPQOFSPIESIFDUPS

Date

Daytime Phone #