

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013136

1. Entity Name
FLORIDA TRAINING SCHOOL INC



Principal Place of Business

1460 NW 107 AVE.
SUITE O
MIAMI, FL 33172

Mailing Address

1460 NW 107 AVE.
SUITE O
MIAMI, FL 33172

FILED

2008 JUN 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06172008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-2271675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERNAL, RAMIRO
1460 NW 107 AVE.
SUITE O
MIAMI, FL 33172

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IN THIS SPACE

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)

700131504567

06/19/08-01035-006 **150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BERNAL, RAMIRO
1460 NW 107 AVE., SUITE O
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BERNAL, LUZ STELLA
1460 NW 107 AVE., SUITE O
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHIRINO, ANGEL C
1460 NW 107 AVE., SUITE O
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #