

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064960

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: ANKOD TECHNICAL INSTITUTE INC

**Current Principal Place of Business:**

4960 N PINE ISLAND ROAD  
LAUDERHILL, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25511  
TAMARAC, FL 33320

**New Mailing Address:**

FEI Number: 56-2632403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OCCENAD, ANDY  
4960 N PINE ISLAND RD  
FORT LAUDERDALE, FL 33351 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OCCENAD, ANDY  
Address: 4960 N PINE ISLAND RD  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: VP ( ) Delete  
Name: OCCENAD, MARGARETTE  
Address: 4960 N PINE ISLAND ROAD  
City-St-Zip: LAUDERHILL, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDY OCCENAD

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date