

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000153611

FILED
Feb 23, 2007
Secretary of State

Entity Name: TRAINING AND EMPLOYMENT SOLUTIONS, INC.

Current Principal Place of Business:

16359 NW 57 AVE.
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

16359 NW 57 AVE.
HIALEAH, FL 33014 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO, CLAUDIO
16359 NW 57 AVE.
HIALEAH, FL 33014 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: ROSARIO, CLAUDIO
Address: 10505 SW 56TH ST
City-St-Zip: MIAMI, FL 33165 US

Title: VP () Delete
Name: CEDENO, LUISA M
Address: 3789 NE 13 STREET
City-St-Zip: HOMESTEAD, FL 33033 US

Title: ST () Delete
Name: ROSARIO, MERCEDES
Address: 10505 SW 56TH ST
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSARIO, CLAUDIO
Address: 16359 NW 57 AVE.
City-St-Zip: HIALEAH, FL 33014 US

Title: VP (X) Change () Addition
Name: ROSARIO, CLAUDIO A
Address: 16359 NW 57 AVE.
City-St-Zip: HIALEAH, FL 33014 US

Title: TR (X) Change () Addition
Name: LOSADA, RICHARD
Address: 16359 NW 57 AVE.
City-St-Zip: HIALEAH, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIO ROSARIO

PD

02/23/2007

Electronic Signature of Signing Officer or Director

Date