

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089890

FILED
Apr 30, 2011
Secretary of State

Entity Name: SOUTH FLORIDA SPECIALIZED TRAINING ACADEMY, INC

Current Principal Place of Business:

450 NORTH PARK ROAD
SUITE 804
HOLLYWOOD, FL 33021

New Principal Place of Business:

450 NORTH PARK ROAD
SUITE 300
HOLLYWOOD, FL 33021

Current Mailing Address:

450 NORTH PARK ROAD
SUITE 804
HOLLYWOOD, FL 33021

New Mailing Address:

450 NORTH PARK ROAD
SUITE 300
HOLLYWOOD, FL 33021

FEI Number: 20-5163998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGELS, GABRIELA
450 NORTH PARK ROAD
SUITE 804
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

ENGELS, GABRIELA
450 NORTH PARK ROAD
SUITE 300
HOLLYWOOD, FL 33021 US

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: GE

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ENGELS, GABRIELA
Address: 450 NORTH PARK ROAD, SUITE 300
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP
Name: ENGELS, GABRIELA
Address: 450 NORTH PARK ROAD, SUITE 300
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: S
Name: ENGELS, GABRIELA
Address: 450 NORTH PARK ROAD, SUITE 300
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: T
Name: ENGELS, GABRIELA
Address: 450 NORTH PARK ROAD, SUITE 300
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby 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 all other like empowered.

SIGNATURE: GABRIELA ENGELS

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date