

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062810

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: PINES VOCATIONAL TRAINING INSTITUTE, INC.

## Current Principal Place of Business:

13035 NW 9TH CRT.  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

## Current Mailing Address:

13035 NW 9TH CRT.  
PEMBROKE PINES, FL 33028

## New Mailing Address:

FEI Number: 26-3630137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GENUS, MICHAEL A  
13035 NW 9TH CRT.  
PEMBROKE PINES, FL 33028 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: D ( ) Delete  
Name: THOMAS, TREVOR  
Address: 3441 SW 144TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: GENUS, JENNIFER  
Address: 13035 NW 9TH CRT.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GENUS, GISELLE  
Address: 13035 NW 9TH CRT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D (X) Change ( ) Addition  
Name: GENUS, JENNIFER  
Address: 13035 NW 9TH CRT.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D ( ) Change (X) Addition  
Name: GENUS, MICHAEL  
Address: 13035 NW 9TH CRT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: MICHAEL GENUS

RA

03/23/2009

Electronic Signature of Signing Officer or Director

Date