


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000016509 1. Entity Name PROFESSIONAL TRAINING CENTERS INC.	
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Principal Place of Business 13926 S.W. 47TH ST. MIAMI, FL 33175 US	Mailing Address 13926 S.W. 47TH ST. MIAMI, FL 33175 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0484026	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JERRY ESQ
9200 S DADELAND BLVD
STE 700
MIAMI, FL 33156

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MATTIA, ANTONIO 185 SW 130 AVENUE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATTIA, MICHAEL 185 SW 130 AVENUE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATTIA, ELVA 185 SW 130 AVENUE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MATTIA, MARC 14612 SW 142 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/22/07-80012-014 158.75

**DO NOT WRITE
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:  DATE: 01/04/07 DAYTIME PHONE #: 305-220-4120