

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068282

FILED
Feb 07, 2005
Secretary of State

Entity Name: COMPREHENSIVE TRAINING CENTER, INC.

Current Principal Place of Business:

8930 ST RD 84
#304
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8930 ST RD 84
#304
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0782778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, ESQ, ANDREW C
5295 TOWN CENTER RD
NET FIRST PLAZA 3RD FLOOR
BOCA RATON, FL 33486 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: DP () Delete
Name: ROSE-MEISEL, JACKIE
Address: 9100 N.W. 15 STREET
City-St-Zip: PLANTATION, FL 33322

Title: DV () Delete
Name: HANSEN, ANDREA
Address: 11516 S.W. 51 STREET
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROSE, JACKIE
Address: 1401 NW 94 TERRACE
City-St-Zip: PLANTATION, FL 33322

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACKIE ROSE

PRES

02/07/2005

Electronic Signature of Signing Officer or Director

Date