

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000010840

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** VOCATIONAL INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

1849 WEST FLAGLER ST  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

2509 SW 58 AVE.  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 65-0809365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMOUR, MIMI  
2509 SW 58 AVE.  
MIAMI, FL 33155 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

**OFFICERS AND DIRECTORS:**

Title: PSDV  
Name: SAMOUR, MIMI  
Address: PO BOX 558961  
City-St-Zip: MIAMI, FL 33255

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: MIMI SAMOUR

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04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date