

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 18, 2007  
Secretary of State**

DOCUMENT# P98000048472

Entity Name: SOUTH FLORIDA CAREER INSTITUTE, INC.

**Current Principal Place of Business:**

1230 WILSHIRE CIRCLE WEST  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1230 WILSHIRE CIRCLE WEST  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 65-0840503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARDILICCHIA, TINA  
1230 WILSHIRE CIRCLE WEST  
PEMBROKE PINES, FL 33027      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:            P            ( ) Delete  
Name:            CARDILICCHIA, TINA  
Address:        1230 WILSHIRE CIRCLE WEST  
City-St-Zip:    PEMBROKE PINE, FL 33027

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:            CARDILICCHIA, TINA  
Address:        1230 WILSHIRE CIRCLE WEST  
City-St-Zip:    PEMBROKE PINE, FL 33027

Title:            VP            ( ) Change (X) Addition  
Name:            CORTES, MARIA L  
Address:        1230 WILSHIRE CIRCLE WEST  
City-St-Zip:    PEMBROKE PINES, FL 33027

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: TINA CARDILICCHIA

P

10/18/2007

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

\_\_\_\_\_ Date