

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000016795**

1. Entity Name  
**ALL COUNTY CAREER INSTITUTE, INC.**



Principal Place of Business  
**4850 NORTH STATE ROAD 7  
SUITE 101  
LAUDERDALE LAKES, FL 33319**

Mailing Address  
**4850 NORTH STATE ROAD 7  
SUITE 101  
LAUDERDALE LAKES, FL 33319**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0947088**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BIASI, LOUIS  
4850 NORTH STATE ROAD 7  
SUITE 101  
LAUDERDALE LAKES, FL 33319**

**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.

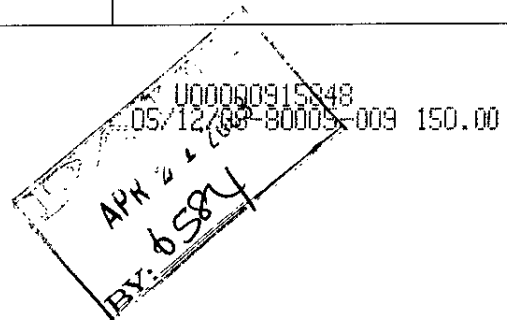
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (also if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	D BAKER, CYNTHIA 4850 NORTH STATE ROAD 7 SUITE 101 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIASI, LOUIS 4850 NORTH STATE ROAD 7 SUITE 101 LAUDERDALE LAKES, FL 33319
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



**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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08  
Date

Daytime Phone: #