


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V36939 1. Entity Name PROFESSIONAL TRAINING INSTITUTE, INC.	
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Principal Place of Business 19718 E COUNTRY CLUB DRIVE AVENTURA, FL 33180 US	Mailing Address C/O 2725 S.W. 27 AVE MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0344035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEELER, LYNDIA 19718 E. COUNTRY CLUB DRIVE SUITE 1018 AVENTURA, FL 33180
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**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 rehashing) DATE: _____

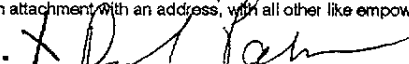
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEELER, LYNDIA 19718 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180
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U000000035201
02/05/04-80106-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **1/10/2004 305-856-3009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #