

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90002 013 \*\*\*150.00

**DOCUMENT # V36939**

1. Entity Name  
**PROFESSIONAL TRAINING INSTITUTE, INC.**



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**

**50026288**

2. Principal Place of Business

3. Mailing Address

**19718 E COUNTRY CLUB DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202006

Chg-P

CR2E034 (11/05)

City & State

City & State

**AVENTURA, FL**

4. FEI Number

**65-0344035**

Applied For

Not Applicable

Zip

Country

Zip

**33180**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEELER, LYNDIA  
19718 E. COUNTRY CLUB DRIVE  
SUITE 1018  
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
PEELER, LYNDIA  
19718 E. COUNTRY CLUB DRIVE  
AVENTURA, FL 33180** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PALMER, DAN  
19718 E COUNTRY CLUB DR  
AVENTURA, FL 33180** ☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **X Lyndia Peeler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/25/06**

# ATTACHMENT

Professional Training Institute, Inc.  
19718 E Country Club Drive  
Aventura, FL 33180

August 18, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

50026288  
#V36939

Dear Sirs:

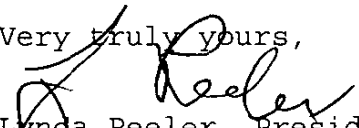
Enclosed please find the completed form and a company check for the payment of the annual fee.

Please be advised that the original report was never received because the mailing address was not correct for the form.

We have completed the correct mailing address portion accordingly.

Thank you for your kind attention.

Very truly yours,

  
Lynda Peeler, President  
Professional Training Institute, Inc.