

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V53537

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** NEW PROFESSIONS TECHNICAL INSTITUTE, INC.

**Current Principal Place of Business:**

4000 WEST FLAGLER ST  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

4000 WEST FLAGLER ST  
MIAMI, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0361224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

URIARTE, JESUS  
10 N.W. 42 AVE.  
STE 610  
MIAMI, FL 33126 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:** DVPT  
**Name:** VAZQUEZ, JOSE  
**Address:** 4000 WEST FLAGLER ST.  
**City-St-Zip:** MIAMI, FL 33134

**Title:** PC  
**Name:** PRIETO, GERMAN L.  
**Address:** 4000 W. FLAGLER ST.  
**City-St-Zip:** MIAMI, FL 33134

**Title:** D  
**Name:** CARRENO, FRANCISCO J.  
**Address:** 4000 W. FLAGLER ST.  
**City-St-Zip:** MIAMI, FL 33134

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:** JOSE VAZQUEZ

VP

02/13/2012

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

\_\_\_\_\_  
Date