2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: SOUTH FLORIDA CENTER FOR FINANCIAL TRAINING, INC. (SFCFT)

Current Principal Place of Business:

245 NE 4TH ST
ROOM 3704-10
MIAMI, FL 33132

Current Mailing Address:

245 NE 4TH ST
ROOM 3704-10
MIAMI, FL 33132 US

FEI Number: 59-1293887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAGUNA, CONNIE
245 NE 4TH ST ROOM 3704-10
MIAMI, FL 33132 US

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

Officer/Director Detail :

Title	D
Name	HICKS, BETH PARTNER
Address	1450 BRICKELL AVENUE, SUITE 2610
City-State-Zip:	MIAMI FL 33131

Title	D
Name	DELBUSTO, JUAN MGR
Address	9100 NW 36TH STREET
City-State-Zip:	MIAMI FL 33126

Title	DIRECTOR, VP
Name	GONZALEZ, WILLIAM
Address	6400 SW 8TH STREET
City-State-Zip:	MIAMI FL 33144

Title	S
Name	LAGUNA, CONNIE EX. DIR
Address	245 NE 4TH STREET, ROOM 3704-10
City-State-Zip:	MIAMI FL 33132

Title	P/D
Name	VELASCO, ISRAEL REG. EX
Address	7900 MIAMI LAKES
City-State-Zip:	MIAMI LAKES FL 33016

Title	C/D
Name	IGLESIAS, ABEL L PRES & CEO
Address	8200 NW 33 ST SUITE 400
City-State-Zip:	MIAMI FL 33122

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONNIE LAGUNA EXECUTIVE DIRECTOR 04/08/2014

Electronic Signature of Signing Officer/Director Detail — Date