

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000014157

**Entity Name:** CRESSMARK TRAINING CENTER,INC.

**Current Principal Place of Business:**

6600 NW 27TH AVENUE  
101  
MIAMI , FL 33147

**Current Mailing Address:**

PO BOX 530144  
MIAMI SHORES, FL 33153 US

**FEI Number:** 45-4694059

**Certificate of Status Desired:** No

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

EMMANUEL, ALEX  
6600 NW 27TH AVENUE  
101  
MIAMI , FL 33147 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 P  
Name EMMANUEL, ALEX  
Address PO BOX 530144  
City-State-Zip: MIAMI SHORES FL 33153

Title VP  
Name EMMANUEL, KENDRICK  
Address 6600 NW 27TH AVENUE  
101  
City-State-Zip: MIAMI FL 33147

Title VP  
Name EMMANUEL, KARL  
Address 6600 NW 27TH AVENUE  
101  
City-State-Zip: MIAMI FL 33147

Title VP  
Name EMMANUEL, KERSEY  
Address 6600 NW 27TH AVENUE  
101  
City-State-Zip: MIAMI FL 33147

*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:** ALEX EMMANUEL

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06/08/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date