

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003549

Entity Name: E-TRAINING USA LLC

FILED  
Mar 04, 2005  
Secretary of State

**Current Principal Place of Business:**

133 NORTH POMPANO BEACH BLVD., #104  
POMPANO BEACH, FL 33002

**New Principal Place of Business:**

133 NORTH POMPANO BEACH BLVD., #104  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

133 NORTH POMPANO BEACH BLVD., #104  
POMPANO BEACH, FL 33002

**New Mailing Address:**

133 NORTH POMPANO BEACH BLVD., #104  
POMPANO BEACH, FL 33062

FEI Number: 85-0485524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGOTTI, DAVID  
4 ROYAL PALM WAY #201  
BOCA RATON, FL 33432 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ANGOTTI, DAVID D  
Address: 4 ROYAL PALM WAY #201  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: SCHOEN, SCOTT  
Address: 133 N. POMPANO BEACH BLVD #104  
City-St-Zip: BOCA RATON, FL 33062

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID D. ANGOTTI

MGRM

03/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date