

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121275

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: IT TRAINING CENTER, INCORPORATED

## Current Principal Place of Business:

12335 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

9000 SHERIDAN STREET  
SUITE 115  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328

## New Mailing Address:

9000 SHERIDAN STREET  
SUITE 115  
PEMBROKE PINES, FL 33024

FEI Number: 26-0006174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC  
5220 S UNIVERSITY DR  
STE C-102  
DAVIE, FL 33328 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: LEVI, JULIO F  
Address: 12335 PEMBROKE ROAD  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DVT ( ) Delete  
Name: ROZENTAL, CLAUDIO  
Address: 3141 NE 211 STREET  
City-St-Zip: MIAMI, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition  
Name: LEVI, JULIO F  
Address: 9000 SHERIDAN STREET SUITE 115  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVT (X) Change ( ) Addition  
Name: ROZENTAL, CLAUDIO  
Address: 9000 SHERIDAN STREET SUITE 115  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLAUDIO ROZENTAL

DVT

04/30/2008

Electronic Signature of Signing Officer or Director

Date