

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143573

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA INSTITUTE OF TRAINING INC.

**Current Principal Place of Business:**

733 US HWY 1, BLDG 2-A  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

8895 N. MILITARY TRL., BLDG E-101  
PALM BEACH GARDENS, FL 33408

**New Mailing Address:**

FEI Number: 13-4359849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KASHUBA, DAVID  
708 NIGHTWATER WAY  
NORTH PALM BEACH, FL 33408 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: D  
Name: KASHUBA, DAVID E  
Address: 8895 N. MILITARY TRAIL, E101  
City-St-Zip: PALM BCH GARDENS, FL 33410

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: DAVID E KASHUBA

PRES

02/18/2011

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

\_\_\_\_\_ Date