

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110362

Entity Name: IT FULL SUPPORT, INC.**Current Principal Place of Business:**8300 NW 53TH STREET
SUITE 350
DORAL, FL 33166**Current Mailing Address:**14305 NW 14TH STREET
PEMBROKE PINES, FL 33028 US**FEI Number:** 26-1200665**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VALERY, ARTURO
14305 NW 14TH STREET
PEMBROKE PINES, FL 33028 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	Title	D
Name	VALERY, ARTURO	Name	UZCATEGUI DE VALERY, ELENA
Address	14305 NW 14TH STREET	Address	14305 NW 14TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028
Title	SECRETARY	Title	SECRETARY
Name	VALERY, ARTURO ANTONIO JR.	Name	VALERY, GUSTAVO ENRIQUE
Address	14305 NW 14TH STREET	Address	14305 NW 14TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028

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: ARTURO VALERY**PRESIDENT****03/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date