

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000110362

**Entity Name:** IT FULL SUPPORT, INC.

**Current Principal Place of Business:**

7715 NW 48TH STREET  
SUITE 390  
DORAL, FL 33166

**Current Mailing Address:**

7715 NW 48TH STREET  
SUITE 390  
DORAL, FL 33166 US

**FEI Number:** 26-1200665

**Certificate of Status Desired:** Yes

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

VALERY, ARTURO  
7715 NW 48TH STREET  
SUITE 390  
DORAL, FL 33166 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	7715 NW 48TH STREET SUITE 390	Address	7715 NW 48TH STREET SUITE 390
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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**

**02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date